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| Fill in this information to identify your case: |                               |                                    |
|---|-------------------------------|------------------------------------|
| United States Bankruptcy Court for the:         |                               |                                    |
| NORTHERN DISTRICT OF ILLINOIS                   |                               |                                    |
| Case number (if known)                          | Chapter you are filing under: |                                    |
|   | Chapter 7                     |                                    |
|   | ☐ Chapter 11                  |                                    |
|   | ☐ Chapter 12                  |                                    |
|   | ☐ Chapter 13                  | Check if this an<br>amended filing |

# Official Form 101

# **Voluntary Petition for Individuals Filing for Bankruptcy**

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Par | t 1: Identify Yourself  |  |   |                          |  |
|-----|---|--|---|--------------------------|--|
|     |   | About Debtor 1:                                | About Debtor 2 (Spouse Only in a Joint Case): | About Debtor 2 (Spouse 0 |  |
| 1.  | Your full name  |  |   |                          |  |
|     | Write the name that is on your government-issued picture identification (for example, your driver's               | First name                                     | First name                                    |                          |  |
|     | license or passport).  Bring your picture identification to your meeting with the trustee.                        | Cano  Last name and Suffix (Sr., Jr., II, III) | Last name and Suffix (Sr., Jr., II, III)      |                          |  |
| 2.  | All other names you have used in the last 8 years   |  |   |                          |  |
|     | Include your married or maiden names.   |  |   |                          |  |
| 3.  | Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN) | xxx-xx-2681                                    |   |                          |  |

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Document Case number (if known) Debtor 1 Frank Cano

|  | About Debtor 1:   | About Debtor 2 (Spouse Only in a Joint Case):  |
|--|---|--|
| Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names | ■ I have not used any business name or EINs.  Business name(s)  EINs  | ☐ I have not used any business name or EINs.  Business name(s)  EINs   |
| Where you live   |   | If Debtor 2 lives at a different address:  |
|  | 2821 Krueger St. Blue Island, IL 60406  Number, Street, City, State & ZIP Code  Cook  County  If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | Number, Street, City, State & ZIP Code  County  If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.   |
|  | Number, P.O. Box, Street, City, State & ZIP Code  | Number, P.O. Box, Street, City, State & ZIP Code   |
| Why you are choosing this district to file for bankruptcy  | Check one:  Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.  I have another reason. Explain. (See 28 U.S.C. § 1408.)   | Check one:  ☐ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.  ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)  |
|  | Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names  Where you live  Why you are choosing this district to file for   | Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years  Include trade names and doing business as names  Business name(s)  Business name(s)  EINs  Where you live  2821 Krueger St. Blue Island, IL 60406 Number, Street, City, State & ZIP Code  Cook County  If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.  Number, P.O. Box, Street, City, State & ZIP Code  Check one:  Why you are choosing this district to file for bankruptcy  Check one:  Over the last 180 days before filling this petition, I have lived in this district longer than in any other district.  I have another reason. |

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Debtor 1 Frank Cano

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Case number (if known)

| ,   | The chapter of the  | <u> </u> |                                  |  |  |  |
|-----|---|----------|----------------------------------|--|--|--|
| •   | Bankruptcy Code you are   |          |                                  | rief description of each, see <i>Notice Req</i> go to the top of page 1 and check the ap | uired by 11 U.S.C. § 342(b) for Individual opropriate box.   | ls Filing for Bankruptcy                                   |
|     | choosing to file under  | ■ CI     | hapter 7                         |  |  |  |
|     |   | □ Cl     | hapter 11                        |  |  |  |
|     |   | □ CI     | hapter 12                        |  |  |  |
|     |   | □ CI     | hapter 13                        |  |  |  |
|     |   |          |                                  |  |  |  |
| 3.  | How you will pay the fee  |          | about how yo                     | u may pay. Typically, if you are paying that attorney is submitting your payment on y    | ase check with the clerk's office in your long the fee yourself, you may pay with cash, on your behalf, your attorney may pay with a   | cashier's check, or money                                  |
|     |   |          |                                  | the fee in installments. If you choose in Installments (Official Form 103A).             | this option, sign and attach the Application   | on for Individuals to Pay                                  |
|     |   | _        | but is not req<br>applies to you | uired to, waive your fee, and may do so<br>ir family size and you are unable to pay      | his option only if you are filing for Chapte<br>only if your income is less than 150% of the<br>the fee in installments). If you choose this<br>yed (Official Form 103B) and file it with yo | the official poverty line that s option, you must fill out |
| Э.  | Have you filed for bankruptcy within the  | ■ No     | ).                               |  |  |  |
|     | last 8 years?   | ☐ Ye     | s.                               |  |  |  |
|     |   |          | District                         | When _   | Case number  |  |
|     |   |          | District                         | When _   | Case number  |  |
|     |   |          | District                         | When   | Case number  |  |
| 10. | Are any bankruptcy  | ■ No     | 1                                |  |  |  |
|     | cases pending or being filed by a spouse who is                                       | □ Ye     |                                  |  |  |  |
|     | not filing this case with<br>you, or by a business<br>partner, or by an<br>affiliate? |          |                                  |  |  |  |
|     |   |          | Debtor                           |  | Relationship to you  | J  |
|     |   |          | District                         | When _   | Case number, if kn   | iown   |
|     |   |          | Debtor                           |  | Relationship to you  |  |
|     |   |          | District                         | When   | Case number, if kn   | nown   |
| 11. | Do you rent your  | ■ No     | Go to l                          | ne 12.   |  |  |
|     | residence?  | ☐ Ye     | s. Has yo                        | ur landlord obtained an eviction judgme  | nt against you and do you want to stay in  | your residence?  |
|     |   |          |                                  | No. Go to line 12.   |  |  |
|     |   |          |                                  | Yes. Fill out <i>Initial Statement About an</i> bankruptcy petition.                     | Eviction Judgment Against You (Form 10   | 11A) and file it with this                                 |

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Desc Main Document Page 4 of 46 Case number (if known) Debtor 1 Frank Cano Part 3: Report About Any Businesses You Own as a Sole Proprietor 12. Are you a sole proprietor of any full- or part-time No. Go to Part 4. business? Name and location of business ☐ Yes. A sole proprietorship is a business you operate as Name of business, if any an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. Number, Street, City, State & ZIP Code If you have more than one sole proprietorship, use a separate sheet and attach it to this petition. Check the appropriate box to describe your business: Health Care Business (as defined in 11 U.S.C. § 101(27A)) Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) None of the above 13. Are you filing under If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate Chapter 11 of the deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of Bankruptcy Code and are operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure you a small business in 11 U.S.C. 1116(1)(B). debtor? I am not filing under Chapter 11. No. For a definition of small business debtor, see 11 I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy □ No. U.S.C. § 101(51D). I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code. ☐ Yes. Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention

14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?

> For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

| INO. |  |
|------|--|
|      |  |
|      |  |

Yes.

What is the hazard?

If immediate attention is needed, why is it needed?

Where is the property?

Number, Street, City, State & Zip Code

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Part 5: Expla

Explain Your Efforts to Receive a Briefing About Credit Counseling

#### Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

#### **About Debtor 1:**

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

#### ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

#### □ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

#### ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

#### About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of:                               |

#### ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

### ☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

#### ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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| DCD  | Flank Cano   |  |   |   | Oasc no   |   |  |
|------|--|--|---|---|---|---|--|
| Part | 6: Answer These Quest  | ions for Re  | porting Purposes  |   |   |   |  |
| 16.  | What kind of debts do you have?  | 16a.   | Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."  ☐ No. Go to line 16b. |   |   |   |  |
|      |  |  | Yes. Go to line 17.   |   |   |   |  |
|      |  | 16b.   | Are your debts primarily money for a business or in   |   |   | ebts that you incurred to obe business or investment.   | otain  |
|      |  |  | ☐ No. Go to line 16c.   |   |   |   |  |
|      |  |  | ☐ Yes. Go to line 17.   |   |   |   |  |
|      |  | 16c.   | State the type of debts you   | u owe that are not consu  | umer debts or bus   | siness debts  |  |
| 17.  | Are you filing under Chapter 7?  | □ No.  | I am not filing under Chapt   | ter 7. Go to line 18.   |   |   |  |
|      | Do you estimate that after any exempt property is excluded and                 | ■ Yes.   | I am filing under Chapter 7 are paid that funds will be a   |   |   | property is excluded and a itors?   | dministrative expenses   |
|      | administrative expenses are paid that funds will                               |  | ■ No  |   |   |   |  |
|      | are paid that funds will be available for distribution to unsecured creditors? |  | ☐ Yes   |   |   |   |  |
| 18.  | How many Creditors do you estimate that you owe?                               | ■ 1-49<br>□ 50-99<br>□ 100-19<br>□ 200-99  |   | ☐ 1,000-5,00<br>☐ 5001-10,00<br>☐ 10,001-25,  | 00  | ☐ 25,001-50,00<br>☐ 50,001-100,0<br>☐ More than100  | 000  |
| 19.  | How much do you estimate your assets to be worth?                              | <b>\$100,0</b>   | 50,000<br>01 - \$100,000<br>001 - \$500,000<br>001 - \$1 million  | □ \$50,000,00   | 1 - \$10 million<br>01 - \$50 million<br>01 - \$100 million<br>001 - \$500 million                      | □ \$500,000,000<br>□ \$1,000,000,0<br>□ \$10,000,000,<br>n □ More than \$5  | 01 - \$10 billion<br>001 - \$50 billion                                  |
| 20.  | How much do you estimate your liabilities to be?                               | \$100,0  | 50,000<br>01 - \$100,000<br>001 - \$500,000<br>001 - \$1 million  | \$50,000,00   | 1 - \$10 million<br>01 - \$50 million<br>01 - \$100 million<br>001 - \$500 million                      | _ ` ' '   | 001 - \$10 billion<br>,001 - \$50 billion                                |
| Part | 7: Sign Below  |  |   |   |   |   |  |
| For  | you  | If I have of United St If no attor documen I request I understate bankrupto and 3571 /s/ Frank C | k Cano<br>ano   | r 7, I am aware that I mae relief available under ed not pay or agree to pathe notice required by 1 e chapter of title 11, Uniont, concealing property, | ay proceed, if eligeach chapter, and ay someone who in U.S.C. § 342(bited States Code, or obtaining mor | gible, under Chapter 7, 11,1 d I choose to proceed unde is not an attorney to help mo).  , specified in this petition.  ney or property by fraud in 6 20 years, or both. 18 U.S.6 | 12, or 13 of title 11, or Chapter 7. The fill out this connection with a |
|      |  | Signature<br>Executed  |   |   | Executed on   |   |  |
|      |  |  | MM / DD / YYYY  |   |   | MM / DD / YYYY  |  |
|      |  |  |   |   |   |   |  |

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Debtor 1 Frank Cano Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /s/ James L Ebersohl                   | Date          | June 12, 2017          |
|--|---------------|------------------------|
| Signature of Attorney for Debtor       |               | MM / DD / YYYY         |
| James L Ebersohl                       |               |                        |
| Printed name                           |               |                        |
| James L. Ebersohl                      |               |                        |
| Firm name                              |               |                        |
| 11212 S. Harlem                        |               |                        |
| Worth, IL 60482                        |               |                        |
| Number, Street, City, State & ZIP Code |               |                        |
| Contact phone <b>708-448-7063</b>      | Email address | jeattorney@comcast.net |
|  |               |                        |
| Bar number & State                     |               |                        |

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| Spouse if, filing) First Name Middle Name Last Name                   | Debtor 1           | Frank Cano               |                   |             |
|---|--------------------|--------------------------|-------------------|-------------|
| Spouse if, filing) First Name Middle Name Last Name                   |                    | First Name               | Middle Name       | Last Name   |
|   | Debtor 2           |                          |                   |             |
| United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS | Spouse if, filing) | First Name               | Middle Name       | Last Name   |
|   | United States Ba   | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS |
|   | Case number _      |                          |                   |             |

☐ Check if this is an amended filing

## Official Form 106Sum

# Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

| Par | 1: Summarize Your Assets   |             |                           |
|-----|--|-------------|---------------------------|
|     |  |             | assets<br>of what you own |
| 1.  | Schedule A/B: Property (Official Form 106A/B)  1a. Copy line 55, Total real estate, from Schedule A/B  | \$          | 94,000.00                 |
|     | 1b. Copy line 62, Total personal property, from Schedule A/B   | \$          | 101,572.00                |
|     | 1c. Copy line 63, Total of all property on Schedule A/B  | \$          | 195,572.00                |
| Par | 2: Summarize Your Liabilities  |             |                           |
|     |  |             | iabilities<br>nt you owe  |
| 2.  | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D                 | \$          | 72,585.00                 |
| 3.  | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)  3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F   | \$          | 0.00                      |
|     | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F  | \$          | 38,164.00                 |
|     | Your total liabilities   | \$          | 110,749.00                |
| Par | 3: Summarize Your Income and Expenses  |             |                           |
| 4.  | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I  | \$          | 2,582.67                  |
| 5.  | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J  | \$          | 2,569.00                  |
| Par | 4: Answer These Questions for Administrative and Statistical Records   |             |                           |
| 6.  | Are you filing for bankruptcy under Chapters 7, 11, or 13?  No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you                                     | ur other so | hedules.                  |
| 7.  | Yes What kind of debt do you have?   |             |                           |
|     | Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a bousehold purpose." 11 U.S.C. & 101(8). Fill out lines 8.0g for statistical purposes. 28 U.S.C. & 150 |             |                           |

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

the court with your other schedules.

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| 8. | From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form | ١. |
|----|--|----|
|    | 122A-1 Line 11; <b>OR</b> , Form 122B Line 11; <b>OR</b> , Form 122C-1 Line 14.                              | \$ |

4,115.00

Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| From Boot A on Only data E/E consults following  | Total claim |      |
|--|-------------|------|
| From Part 4 on Schedule E/F, copy the following:   |             |      |
| 9a. Domestic support obligations (Copy line 6a.)   | \$          | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.)  | \$          | 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)  | \$          | 0.00 |
| 9d. Student loans. (Copy line 6f.)   | \$          | 0.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$          | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)                                       | +\$         | 0.00 |
| 9g. <b>Total.</b> Add lines 9a through 9f.   | \$          | 0.00 |

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|------------|----------------------------|-----------------------------------|-----------------------|--------------|-----------------------------------|---|--------------------|-----------|--|-----|
|            | in this in                 | formation to identify             | your case and th      |              |                                   | - ///// - /// <del>-</del> //                                       |                    |           |  |     |
| Deb        | otor 1                     | Frank Cano                        |                       |              |                                   |   |                    |           |  |     |
|            |                            | First Name                        | Middle                | e Name       |                                   | Last Name   |                    |           |  |     |
|            | otor 2<br>ouse, if filing) | First Name                        | Middle                | e Name       |                                   | Last Name   |                    |           |  |     |
| Uni        | ted States                 | Bankruptcy Court for              | the: NORTHER          | RN DISTR     | ICT OF ILLIN                      | IOIS  |                    |           |  |     |
| Cas        | se number                  |                                   |                       |              |                                   | -   |                    |           | ☐ Check if this is amended filing              | an  |
| SC<br>1 ea | ched                       |                                   | scribe items. List    |              |                                   | n asset fits in more than one o                                     |                    |           |  |     |
| nfor       | rmation. If i              | more space is needed, a           | ttach a separate s    | heet to thi  | s form. On the                    | e are filing together, both are e<br>e top of any additional pages, |                    |           |  |     |
|            |                            | •                                 |                       |              |                                   |   |                    |           |  |     |
| . D        | o you own                  | or have any legal or equ          | uitable interest in a | any reside   | nce, building,                    | land, or similar property?  |                    |           |  |     |
|            | No. Go to                  | Part 2.                           |                       |              |                                   |   |                    |           |  |     |
|            | Yes. Whe                   | ere is the property?              |                       |              |                                   |   |                    |           |  |     |
|            |                            |                                   |                       |              |                                   |   |                    |           |  |     |
|            |                            |                                   |                       |              |                                   |   |                    |           |  |     |
| 1.1        | 2321 K                     | rueger St.                        |                       |              |                                   | ? Check all that apply  |                    |           |  |     |
|            |                            | tagecoach Cir.                    |                       | _            | Single-family h<br>Duplex or mult |   |                    |           | ms or exemptions. Put claims on Schedule D     |     |
|            | Street addr                | ress, if available, or other desc | ription               |              | Condominium                       | · ·   | Creditors Who H    | ave Claim | s Secured by Property.                         |     |
|            |                            |                                   |                       |              |                                   |   |                    |           |  |     |
|            | Divada                     | land II                           | C0.40C 0000           | _            |                                   | or mobile home  | Current value of   |           | Current value of the                           |     |
|            | Blue Is                    | State                             | ZIP Code              | - =          | Land                              | an artis  | entire property?   |           | portion you own? \$94,000.                     | 200 |
|            | City                       | State                             | ZIF Code              | _            | Investment pro<br>Timeshare       | pperty  | · · · · ·          |           | ·_·  |     |
|            |                            |                                   |                       |              | Other                             |   |                    |           | ur ownership interes<br>ncy by the entireties, |     |
|            |                            |                                   |                       | _            |                                   | in the property? Check one  | a life estate), if | known.    |  |     |
|            | Cook                       |                                   |                       | _            | Debtor 1 only                     |   |                    |           |  |     |
|            | County                     |                                   |                       |              | Debtor 2 only Debtor 1 and D      | Dahtar O anh  |                    |           |  |     |
|            | ,                          |                                   |                       | _            |                                   | the debtors and another   | Check if thi       |           | nunity property                                |     |
|            |                            |                                   |                       |              |                                   | ou wish to add about this item                                      | •                  | 113)      |  |     |
|            |                            |                                   |                       |              | ty identification                 |   |                    |           |  |     |
|            |                            |                                   |                       |              |                                   |   |                    |           |  |     |
|            |                            |                                   |                       |              |                                   |   |                    |           |  |     |
| 2          | ۸ ماما داده .              | dollor volue of the               | rtion vou our fo      | v all at ··· | our ontrice f                     | rom Part 1. including any e   | ntrice for         |           |  |     |
| /.         | waa me (                   | uonar value of the DO             | LUUH VUU OWII TO      | n an or vo   | ou entries t                      | rom Farr I. including anv 6   | andres for         | 1         |  |     |

pages you have attached for Part 1. Write that number here.....

\$94,000.00

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Official Form 106A/B Schedule A/B: Property page 1 Case 17-17899

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Case number (if known) Document Debtor 1 Frank Cano 10. Firearms Examples: Pistols, rifles, shotguns, ammunition, and related equipment ■ No ☐ Yes. Describe..... 11. Clothes Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories ☐ No Yes. Describe..... \$350.00 wearing apparel 12. Jewelry Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver Yes. Describe..... ring and watch \$250.00 13. Non-farm animals Examples: Dogs, cats, birds, horses ■ No ☐ Yes. Describe..... 14. Any other personal and household items you did not already list, including any health aids you did not list No ☐ Yes. Give specific information..... 15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached \$51.850.00 for Part 3. Write that number here ..... Part 4: Describe Your Financial Assets Do you own or have any legal or equitable interest in any of the following? Current value of the portion you own? Do not deduct secured claims or exemptions. 16. Cash Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition ■ No ☐ Yes..... 17. Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. □ No Institution name: Yes..... Checking/savings First Midwest Bank \$322.00 17.1. accounts 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts No Institution or issuer name: ☐ Yes..... 19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture No ☐ Yes. Give specific information about them.....

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| Debtor 1                    | Frank Cano   | Do  | cument               | Page 13 (          | Of 46<br>Case number <i>(if k</i> | (nown)  |
|-----------------------------|--|---|----------------------|--------------------|-----------------------------------|---|
|                             | 1 raint Gang   | Name of entity:   |                      |                    | % of ownership:                   | , <u> </u>  |
| Nego<br>Non-i<br>■ No       | tiable instruments i                                     | rate bonds and other negotion clude personal checks, cashing the are those you cannot transmation about them Issuer name: | ers' checks, pro     | omissory notes, a  | and money orders.                 |   |
| Exam<br>□ No<br>-           | ement or pension and apples: Interests in IF             | RA, ERISA, Keogh, 401(k), 403   | 3(b), thrift savin   | gs accounts, or c  | other pension or profit-sl        | naring plans  |
| _ 103                       | . List cacif account                                     | Type of account:  | Institution          | name:              |                                   |   |
|                             |  | Profit-sharing plan   | Goldma               | ı Sachs            |                                   | \$47,000.00   |
| Your<br><i>Exam</i><br>■ No | nples: Agreements  | orepayments<br>deposits you have made so the<br>with landlords, prepaid rent, pu  | ıblic utilities (ele |                    | r), telecommunications c          | ompanies, or others   |
|                             |  |   |                      |                    |                                   |   |
| ■ No<br>□ Yes               | Iss  | a periodic payment of money uer name and description.  IRA, in an account in a qua  |                      |                    |                                   | on program.   |
| 26 U.S<br>■ No              | i.C. §§ 530(b)(1), 5                                     | 29A(b), and 529(b)(1).  titution name and description.  | ·                    |                    | ·                                 |   |
| ■ No                        | •  | rmation about them  | er than anythi       | ng listed in line  | 1), and rights or powe            | ers exercisable for your benefit  |
| <i>Exam</i><br>■ No         | nples: Internet doma                                     | demarks, trade secrets, and ain names, websites, proceeds rmation about them  |                      |                    | reements                          |   |
| 27. Licen:<br>Exam          | <b>ses, franchises, a</b><br><i>aples:</i> Building perm | nd other general intangibles<br>nits, exclusive licenses, cooper<br>rmation about them                                    | rative associati     | on holdings, liquo | or licenses, professional         | licenses  |
| Money or                    | property owed to   | you?  |                      |                    |                                   | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| ■ No                        | efunds owed to yo  | <b>u</b><br>mation about them, including v  | whether you alr      | eady filed the ret | turns and the tax years           |   |
| ■ No                        |  | ump sum alimony, spousal sup  | pport, child supp    | port, maintenanc   | e, divorce settlement, pr         | roperty settlement  |

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| De  | ebtor 1        | Frank Cano   | Document                         | Page 14            | Of 46<br>Case number (if known)  |                            |
|-----|----------------|--|----------------------------------|--------------------|----------------------------------|----------------------------|
|     |                |  |                                  |                    | ,                                |                            |
| 30. |                | mounts someone owes you<br>les: Unpaid wages, disability insura<br>benefits; unpaid loans you ma |                                  | efits, sick pay, \ | racation pay, workers' compe     | nsation, Social Security   |
|     | ■ No<br>□ Yes. | Give specific information  |                                  |                    |                                  |                            |
| 31  | Interes        | ts in insurance policies   |                                  |                    |                                  |                            |
| 51. |                | les: Health, disability, or life insurar   | nce; health savings account (    | HSA); credit, ho   | meowner's, or renter's insura    | nce                        |
|     | _              | Name the insurance company of ea   | ach policy and list its value.   |                    |                                  |                            |
|     |                | Company na   | me:                              | Ве                 | neficiary:                       | Surrender or refund value: |
| 32. | If you a       | erest in property that is due you<br>are the beneficiary of a living trust, on<br>the has died.  |                                  |                    | or are currently entitled to rec | eive property because      |
|     | _              | Give specific information  |                                  |                    |                                  |                            |
|     | <b>—</b> 100.  | Cive opcome information  |                                  |                    |                                  |                            |
|     | Examp          | against third parties, whether or<br>les: Accidents, employment dispute                          |                                  |                    | mand for payment                 |                            |
|     | ■ No           | Describe each claim  |                                  |                    |                                  |                            |
|     |                |  |                                  |                    |                                  |                            |
| 34. | Other o        | ontingent and unliquidated clain   | ns of every nature, includin     | g counterclain     | is of the debtor and rights to   | o set off claims           |
|     |                | Describe each claim  |                                  |                    |                                  |                            |
|     |                |  | _                                |                    |                                  |                            |
| 35. | Any fin  ■ No  | ancial assets you did not already  | / list                           |                    |                                  |                            |
|     |                | Give specific information  |                                  |                    |                                  |                            |
|     |                |  |                                  |                    |                                  |                            |
| 36  |                | he dollar value of all of your entr<br>ort 4. Write that number here                             |                                  |                    |                                  | \$47,322.00                |
|     | 10116          | irt 4. Write that humber here  |                                  |                    |                                  |                            |
| Pa  | rt 5: Des      | scribe Any Business-Related Property   | y You Own or Have an Interest    | n. List any real e | estate in Part 1.                |                            |
| 37  | Do vou c       | own or have any legal or equitable into  | erest in any business-related p  | roperty?           |                                  |                            |
|     | ■ No. Go       | , ,  |                                  |                    |                                  |                            |
| [   | ☐ Yes. G       | o to line 38.  |                                  |                    |                                  |                            |
|     |                |  |                                  |                    |                                  |                            |
| Pa  |                | scribe Any Farm- and Commercial Fis<br>ou own or have an interest in farmland, l                 |                                  | n or Have an Inte  | rest in.                         |                            |
| 46. | Do you         | own or have any legal or equital   | ble interest in any farm- or o   | commercial fis     | hing-related property?           |                            |
|     | ■ No.          | Go to Part 7.  | ·                                |                    |                                  |                            |
|     | ☐ Yes.         | Go to line 47.   |                                  |                    |                                  |                            |
|     |                | _  |                                  |                    |                                  |                            |
| Pa  | rt 7:          | Describe All Property You Own or H   | lave an Interest in That You Did | Not List Above     |                                  |                            |
| 53. |                | have other property of any kind  |                                  |                    |                                  |                            |
|     |                | les: Season tickets, country club m  | embership                        |                    |                                  |                            |
|     | ■ No<br>□ Yes  | Give specific information  |                                  |                    |                                  |                            |
|     | <b>_</b> 103.  | Civo oposino imormanori  |                                  |                    |                                  |                            |
| 54  | . Add t        | he dollar value of all of your entr  | ies from Part 7. Write that n    | umber here         |                                  | \$0.00                     |

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Official Form 106A/B Schedule A/B: Property page 5

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Case number (if known) Document

Debtor 1 Frank Cano

| Part | List the Totals of Each Part of this Form                    | List the Totals of Each Part of this Form |                              |              |  |  |  |  |  |
|------|--|---|------------------------------|--------------|--|--|--|--|--|
| 55.  | Part 1: Total real estate, line 2                            |   |                              | \$94,000.00  |  |  |  |  |  |
| 56.  | Part 2: Total vehicles, line 5                               | \$2,400.00                                |                              |              |  |  |  |  |  |
| 57.  | Part 3: Total personal and household items, line 15          | \$51,850.00                               |                              |              |  |  |  |  |  |
| 58.  | Part 4: Total financial assets, line 36                      | \$47,322.00                               |                              |              |  |  |  |  |  |
| 59.  | Part 5: Total business-related property, line 45             | \$0.00                                    |                              |              |  |  |  |  |  |
| 60.  | Part 6: Total farm- and fishing-related property, line 52    | \$0.00                                    |                              |              |  |  |  |  |  |
| 61.  | Part 7: Total other property not listed, line 54 +           | \$0.00                                    |                              |              |  |  |  |  |  |
| 62.  | Total personal property. Add lines 56 through 61             | \$101,572.00                              | Copy personal property total | \$101,572.00 |  |  |  |  |  |
| 63.  | Total of all property on Schedule A/B. Add line 55 + line 62 |   |                              | \$195,572.00 |  |  |  |  |  |

Official Form 106A/B Schedule A/B: Property page 6 Case 17-17899 Doc 1 Filed 06/12/17 Entered 06/12/17 20:12:20 Desc Main

|                     |                          | 1700.000          |             | U |
|---------------------|--------------------------|-------------------|-------------|---|
| Fill in this infor  | mation to identify your  | case:             |             |   |
| Debtor 1            | Frank Cano               |                   |             |   |
|                     | First Name               | Middle Name       | Last Name   |   |
| Debtor 2            |                          |                   |             |   |
| (Spouse if, filing) | First Name               | Middle Name       | Last Name   |   |
| United States Ba    | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS |   |
| Case number         |                          |                   |             |   |
| (if known)          |                          |                   |             |   |
|                     |                          |                   |             |   |

## Official Form 106C

# Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
  - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
  - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

| Schedule A/B that lists this property                               | portion you own                     | Amo | ount of the exemption you claim                                 | Specific laws that allow exemption |  |
|---|-------------------------------------|-----|---|------------------------------------|--|
|   | Copy the value from<br>Schedule A/B |     |   |                                    |  |
| 2321 Krueger St. 8480 Stagecoach<br>Cir. Blue Island, IL 60406 Cook | \$94,000.00                         | -   | \$15,000.00   | 735 ILCS 5/12-901                  |  |
| County Line from Schedule A/B: 1.1                                  |                                     |     | 100% of fair market value, up to any applicable statutory limit |                                    |  |
| 2000 chevrolet monte carlo 133,000 miles                            | \$2,400.00                          |     | \$2,400.00  | 735 ILCS 5/12-1001(c)              |  |
| Line from Schedule A/B: 3.1   |                                     |     | 100% of fair market value, up to any applicable statutory limit |                                    |  |
| Household goods and furnishings Line from Schedule A/B: 6.1         | \$500.00                            |     | \$500.00  | 735 ILCS 5/12-1001(b)              |  |
| Line Holli Galledale A.D. G.1                                       |                                     |     | 100% of fair market value, up to any applicable statutory limit |                                    |  |
| labtop and tvs Line from Schedule A/B: 7.1                          | \$50,000.00                         |     | \$3,178.00  | 735 ILCS 5/12-1001(b)              |  |
| Line Holli Galledale A.D. 1.1                                       |                                     |     | 100% of fair market value, up to any applicable statutory limit |                                    |  |
| Misc. cds, toys football and aseball cards                          | \$750.00                            |     | \$750.00  | 735 ILCS 5/12-1001(a)              |  |
| Line from Schedule A/B: 8.1   |                                     |     | 100% of fair market value, up to any applicable statutory limit |                                    |  |

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| DE | Frank Cano  |                                      |         | Case number (ii known)  |                       |
|----|---|--------------------------------------|---------|---|-----------------------|
|    | Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | Amo     | Specific laws that allow exemption                              |                       |
|    |   | Copy the value from<br>Schedule A/B  | Che     | ck only one box for each exemption.                             |                       |
|    | wearing apparel Line from Schedule A/B: 11.1  | \$350.00                             |         | \$350.00  | 735 ILCS 5/12-1001(a) |
|    | Elle Holli Golloddie 772. TTT   |                                      |         | 100% of fair market value, up to any applicable statutory limit |                       |
|    | ring and watch Line from Schedule A/B: 12.1   | \$250.00                             |         | \$0.00  | 735 ILCS 5/12-1001(b) |
|    | Line Holli Golleddie PVB. 12.1  |                                      |         | 100% of fair market value, up to any applicable statutory limit |                       |
|    | Checking/savings accounts: First Midwest Bank                                       | \$322.00                             |         | \$322.00  | 735 ILCS 5/12-1001(b) |
|    | Line from Schedule A/B: 17.1  |                                      |         | 100% of fair market value, up to any applicable statutory limit |                       |
|    | Profit-sharing plan: Goldman Sachs Line from Schedule A/B: 21.1                     | \$47,000.00                          |         | \$47,000.00   | 735 ILCS 5/12-1006    |
|    | Line Holli Golledale PAB. 2111  |                                      |         | 100% of fair market value, up to any applicable statutory limit |                       |
| 3. | Are you claiming a homestead exemption (Subject to adjustment on 4/01/19 and every  |                                      |         | led on or after the date of adjustmer                           | nt.)                  |
|    | ■ No  |                                      |         |   |                       |
|    | ☐ Yes. Did you acquire the property cover   | ed by the exemption wi               | ithin 1 | ,215 days before you filed this case                            | ?                     |
|    | □ No  |                                      |         |   |                       |
|    | ☐ Yes   |                                      |         |   |                       |

| Case 1  | 7-17899                       | Doc 1   | Filed 06/12/17<br>Document                            | Entere<br>Page 18 | d 06/12/17 20:12<br>3 of 46                               | 2:20 Desc M                                  | lain                        |
|---|-------------------------------|---|---|-------------------|---|--|-----------------------------|
| Fill in this information  | to identify yοι               | ır case:  |   |                   |   |  |                             |
| Debtor 1 Fra  | nk Cano                       |   |   |                   |   |  |                             |
|   | Name                          | Mido  | lle Name  | Last Name         |   |  |                             |
| Debtor 2<br>(Spouse if, filling) First  | Name                          | Mido  | lle Name  | Last Name         |   |  |                             |
| United States Bankrupto   | y Court for the               | NORTH   | ERN DISTRICT OF ILL                                   | INOIS             |   |  |                             |
| Case number(if known)   |                               |   |   |                   |   | _  | if this is an<br>led filing |
| Official Form 106<br>Schedule D: C  |                               | Who F   | lave Claims   | Secure            | d by Property   |  | 12/15                       |
|   |                               |   |   |                   | ually responsible for supp<br>n the top of any additional |  |                             |
| . Do any creditors have cl  | aims secured by               | your proper   | y?  |                   |   |  |                             |
|   |                               |   |   | schedules. Y      | ou have nothing else to r                                 | eport on this form.                          |                             |
| Yes. Fill in all of t   |                               |   |   |                   |   |  |                             |
|   |                               | below.  |   |                   |   |  |                             |
| Part 1: List All Secu   |                               |   |   |                   | Column A 0  | Column B                                     | Column C                    |
| <ol><li>List all secured claims.<br/>for each claim. If more than<br/>much as possible, list the cl</li></ol> | n one creditor has            | a particular cl   | aim, list the other creditors                         | s in Part 2. As   | Amount of claim Do not deduct the                         | Value of collateral that supports this claim | Unsecured portion           |
| 2.1 Wells Fargo   |                               | Describe the  | e property that secures t                             | the claim:        | \$72,585.00   | \$94,000.00                                  | \$0.00                      |
| Creditor's Name   |                               | Cir. Blue<br>County                                       | eger St. 8480 Stage<br>Island, IL 60406 Co            | ook               |   |  |                             |
| 8480  |                               | As of the da apply.                                       | te you file, the claim is:                            | Check all that    |   |  |                             |
| Frederick, MD 2   | 21701                         | ☐ Continge  | nt  |                   |   |  |                             |
|   |                               | ☐ Unliquida   | ted   |                   |   |  |                             |
| Number, Street, City, Sta   | ite & Zip Code                | ·   | itou  |                   |   |  |                             |
| Number, Street, City, State Who owes the debt? Characteristics  |                               | ☐ Disputed  | en. Check all that apply.                             |                   |   |  |                             |
| Who owes the debt? Che  |                               | Disputed Nature of li                                     | en. Check all that apply. ment you made (such as a    | mortgage or sec   | cured   |  |                             |
| Who owes the debt? Ch   | eck one.                      | Disputed Nature of li An agree car loan                   | en. Check all that apply. ment you made (such as a    |                   | cured   |  |                             |
| Who owes the debt? Che Debtor 1 only Debtor 2 only  | eck one.                      | Disputed Nature of li An agree car loan Statutory         | en. Check all that apply.<br>ment you made (such as i |                   | cured   |  |                             |
| Who owes the debt? Chi Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 on                                   | eck one. only ors and another | Disputed Nature of Ii An agree car loan Statutory Judgmen | en. Check all that apply. ment you made (such as i    |                   | cured   |  |                             |

Add the dollar value of your entries in Column A on this page. Write that number here: \$72,585.00

If this is the last page of your form, add the dollar value totals from all pages.

Write that number here: \$72,585.00

### Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

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|                                    | Ous   | 5 17 17000 E   | Docume  | nt Page 1               | 9 of 46                          | 2.20 000           | o man                     |
|------------------------------------|---|--|---|-------------------------|----------------------------------|--------------------|---------------------------|
| Fill in t                          | his informat                                    | tion to identify your c  |   |                         |                                  |                    |                           |
| Debtor                             | 1   | Frank Cano   |   |                         |                                  |                    |                           |
| Deptoi                             | '   | First Name   | Middle Name   | Last Name               |                                  |                    |                           |
| Debtor                             | 2   |  |   |                         |                                  |                    |                           |
| (Spouse if                         | f, filing)                                      | First Name   | Middle Name   | Last Name               |                                  |                    |                           |
| United                             | States Bankı                                    | ruptcy Court for the:  | NORTHERN DISTRICT   | OF ILLINOIS             |                                  |                    |                           |
| Case no                            | umber   |  |   |                         |                                  |                    |                           |
| (if known)                         |   |  |   |                         |                                  |                    | heck if this is an        |
|                                    |   |  |   |                         |                                  | a                  | mended filing             |
| Officia                            | al Form   | 106E/F   |   |                         |                                  |                    |                           |
|                                    |   |  | ho Have Unsecu  | red Claims              |                                  |                    | 12/15                     |
|                                    |   |  | Part 1 for creditors with PF  |                         | Dowt 2 for avaditors with NO     | ONDDIODITY als:    |                           |
| Schedule<br>left. Attac<br>name an | e D: Creditors<br>ch the Contin<br>d case numbe | Who Have Claims Secu<br>uation Page to this page<br>er (if known). | red Leases (Official Form 10<br>Ired by Property. If more sp<br>e. If you have no information | ace is needed, copy     | the Part you need, fill it ou    | t, number the en   | tries in the boxes on the |
| Part 1:                            | List All c                                      | of Your PRIORITY Un  | secured Claims  |                         |                                  |                    |                           |
| 1. Do a                            | any creditors                                   | have priority unsecured  | d claims against you?   |                         |                                  |                    |                           |
| 1                                  | No. Go to Part                                  | 2.   |   |                         |                                  |                    |                           |
|                                    | Yes.  |  |   |                         |                                  |                    |                           |
| Part 2:                            | List All o                                      | f Your NONPRIORIT  | Y Unsecured Claims  |                         |                                  |                    |                           |
| 3. Do a                            | any creditors                                   | have nonpriority unsec   | ured claims against you?  |                         |                                  |                    |                           |
| □ 1                                | No. You have i                                  | nothing to report in this pa                                       | art. Submit this form to the cou  | ırt with your other sch | edules.                          |                    |                           |
|                                    | Vec.  |  |   |                         |                                  |                    |                           |
|                                    |   | onnriority unsecured cla   | nims in the alphabetical orde   | er of the creditor wh   | o holds each claim. If a cree    | ditor has more tha | n one poppriority         |
| unse                               | ecured claim, I<br>n one creditor h             | ist the creditor separately  | for each claim. For each clair<br>st the other creditors in Part 3.                           | n listed, identify what | type of claim it is. Do not list | claims already inc | luded in Part 1. If more  |
|                                    |   |  |   |                         |                                  |                    | Total claim               |
| 4.1                                | ATG Cred  | it   | Last 4 digits   | of account number       | 4432,0587                        |                    | \$206.00                  |
| Ш.                                 |   | reditor's Name   |   |                         |                                  |                    | <del></del>               |
|                                    | P>O> Box  |  | When was th   | e debt incurred?        | 2017                             |                    | -                         |
|                                    | Chicago,<br>Number Stree                        | et City State Zlp Code   | As of the dat   | e vou file. the claim   | is: Check all that apply         |                    |                           |
|                                    |   | d the debt? Check one.   |   | - <b>,</b>              | onder an anat apply              |                    |                           |
|                                    | ■ Debtor 1 o                                    | only   | ☐ Contingen   | t                       |                                  |                    |                           |
|                                    | Debtor 2 o                                      | •  | ☐ Unliquidat  |                         |                                  |                    |                           |
|                                    | _   | and Debtor 2 only  | ☐ Disputed  | -                       |                                  |                    |                           |
|                                    | _   | ne of the debtors and and  |   | PRIORITY unsecure       | d claim:                         |                    |                           |
|                                    |   | this claim is for a comn   | П   | ans                     |                                  |                    |                           |
|                                    | debt  | subject to offset?   | _   |                         | aration agreement or divorce     | that you did not   |                           |
|                                    | ■ No  | · · · · · · · · · · · · · · · · · · ·                              | <u></u>   | •                       | ng plans, and other similar de   | ebts               |                           |
|                                    | ☐ Yes   |  | ·   | ecify medical se        | • •                              |                    |                           |
|                                    | <b>—</b> 163                                    |  | Other. Spender.   | ecity incurcal se       |                                  |                    | -                         |

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| DCDIO | Frank Cano  |  | - Case Harriser (# Kilow)                    |             |  |  |
|-------|---|--|--|-------------|--|--|
| 4.2   | cardiovascular consultant                                 | Last 4 digits of account number                              | 3364   | \$14.00     |  |  |
|       | Nonpriority Creditor's Name<br>2800 W. 87th St.           | When was the debt incurred?                                  | 2017   |             |  |  |
|       | Chicago, IL 60652-3831  Number Street City State Zlp Code | As of the date you file, the claim i                         | s: Check all that apply                      |             |  |  |
|       | Who incurred the debt? Check one.                         | As of the date you me, the dam'r                             | 3. Oneok all that apply                      |             |  |  |
|       | Debtor 1 only   | ☐ Contingent   |  |             |  |  |
|       | ☐ Debtor 2 only   | ☐ Unliquidated   |  |             |  |  |
|       | ☐ Debtor 1 and Debtor 2 only                              | ☐ Disputed   |  |             |  |  |
|       | ☐ At least one of the debtors and another                 | Type of NONPRIORITY unsecured                                | d claim:                                     |             |  |  |
|       | ☐ Check if this claim is for a community                  | ☐ Student loans  |  |             |  |  |
|       | debt Is the claim subject to offset?                      | Obligations arising out of a separeport as priority claims   | ration agreement or divorce that you did not |             |  |  |
|       | ■ No  | Debts to pension or profit-sharin                            | g plans, and other similar debts             |             |  |  |
|       | Yes   | Other Specify medical tre                                    | atment                                       |             |  |  |
|       |   |  |  | ****        |  |  |
| 4.3   | Citicards Cbna Nonpriority Creditor's Name                | Last 4 digits of account number                              |  | \$20,723.00 |  |  |
|       | Citicorp Credit Svc/Centralized                           |  | Opened 03/03 Last Active                     |             |  |  |
|       | Po Box 790040   | When was the debt incurred?                                  | 11/06/15                                     |             |  |  |
|       | Saint Louis, MO 63179  Number Street City State Zlp Code  | As of the date you file, the claim i                         | s. Chack all that apply                      |             |  |  |
|       | Who incurred the debt? Check one.                         | As of the date you me, the claim i                           | S. Offect all that apply                     |             |  |  |
|       | ■ Debtor 1 only   | ☐ Contingent   |  |             |  |  |
|       | Debtor 2 only   | ,  |  |             |  |  |
|       | ☐ Debtor 1 and Debtor 2 only ☐ Disputed                   |  |  |             |  |  |
|       | ☐ At least one of the debtors and another                 | Type of NONPRIORITY unsecured                                | d claim:                                     |             |  |  |
|       | ☐ Check if this claim is for a community                  | ☐ Student loans  |  |             |  |  |
|       | debt  | Obligations arising out of a sepa                            |  |             |  |  |
|       | Is the claim subject to offset?                           | report as priority claims                                    |  |             |  |  |
|       | ■ No  | Debts to pension or profit-sharin                            |  |             |  |  |
|       | Yes   | Other. Specify Credit Card                                   |  |             |  |  |
| 4.4   | Evergreen Anesthesia & Pain Mgmt<br>Se                    | Last 4 digits of account number                              | 0116   | \$98.00     |  |  |
|       | Nonpriority Creditor's Name                               | -  |  |             |  |  |
|       | P>O> Box 631  | When was the debt incurred?                                  | 2017   |             |  |  |
|       | Number Street City State Zlp Code                         | As of the date you file, the claim i                         | s: Check all that apply                      |             |  |  |
|       | Who incurred the debt? Check one.                         |  |  |             |  |  |
|       | ■ Debtor 1 only   | ☐ Contingent   |  |             |  |  |
|       | Debtor 2 only   | ☐ Unliquidated   |  |             |  |  |
|       | ☐ Debtor 1 and Debtor 2 only                              | ☐ Disputed   |  |             |  |  |
|       | ☐ At least one of the debtors and another                 | Type of NONPRIORITY unsecured                                | d claim:                                     |             |  |  |
|       | ☐ Check if this claim is for a community                  | Student loans  |  |             |  |  |
|       | debt Is the claim subject to offset?                      | Obligations arising out of a sepa                            |  |             |  |  |
|       | No  | report as priority claims  Debts to pension or profit-sharin | g plans, and other similar debts             |             |  |  |
|       |   |  |  |             |  |  |
|       | ☐ Yes   | Other. Specify medical set                                   | vices  |             |  |  |

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| JUDIOI | Flatik Callo  |  | Case Harriber (ii know)                       |            |
|--------|---|--|---|------------|
| 4.5    | Illinois Department of Human Servic   | Last 4 digits of account number  | 2975  | \$492.00   |
|        | Nonpriority Creditor's Name  100 South Grand Avenue East                                    | When was the debt incurred?  | Prior to 05/03-2017                           |            |
|        | Springfield, IL 62762  Number Street City State Zlp Code  Who incurred the debt? Check one. | As of the date you file, the claim   |   |            |
|        | ■ Debtor 1 only   | ☐ Contingent   |   |            |
|        | Debtor 2 only   | ☐ Unliquidated   |   |            |
|        | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed   |   |            |
|        | ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecured  | d claim:                                      |            |
|        | ☐ Check if this claim is for a community  | ☐ Student loans  |   |            |
|        | debt Is the claim subject to offset?  | Obligations arising out of a separeport as priority claims   | aration agreement or divorce that you did not |            |
|        | ■ No  | Debts to pension or profit-sharing   | ng plans, and other similar debts             |            |
|        | Yes   | Other. Specify medical tre   | atment  |            |
| 4.6    | Little Company of Mary Affiliated   | Last 4 digits of account number  | 0813,6734,6<br>734                            | \$360.00   |
|        | Nonpriority Creditor's Name 2800 w. 87th St.  | When was the debt incurred?  | various dates                                 |            |
|        | Chicago, IL 60652-3831  | A control of the state of the s |   |            |
|        | Number Street City State Zlp Code Who incurred the debt? Check one.                         | As of the date you file, the claim   | is: Check all that apply                      |            |
|        | ■ Debtor 1 only   | ☐ Contingent   |   |            |
|        | Debtor 2 only   | ☐ Unliquidated   |   |            |
|        | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed   |   |            |
|        | ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecured  |   |            |
|        | ☐ Check if this claim is for a community  | Student loans  |   |            |
|        | debt Is the claim subject to offset?  | Obligations arising out of a separeport as priority claims   |   |            |
|        | ■ No  | Debts to pension or profit-sharing   |   |            |
|        | Yes   | Other. Specify medical se  | rvices  |            |
| 4.7    | Little Company of Mary Hospital Nonpriority Creditor's Name                                 | Last 4 digits of account number  | 0763  | \$6,811.00 |
|        | 2800 W. 95th St. Evergreen Park, IL 60805   | When was the debt incurred?  | 11/2/15 present                               |            |
|        | Number Street City State Zlp Code   | As of the date you file, the claim i   | is: Check all that apply                      |            |
|        | Who incurred the debt? Check one.   |  |   |            |
|        | ■ Debtor 1 only   | ☐ Contingent   |   |            |
|        | Debtor 2 only   | ☐ Unliquidated   |   |            |
|        | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed   |   |            |
|        | ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecured  |   |            |
|        | Check if this claim is for a community  | Student loans  |   |            |
|        | debt Is the claim subject to offset?  | report as priority claims  | aration agreement or divorce that you did not |            |
|        | ■ No  | Debts to pension or profit-sharing   | g plans, and other similar debts              |            |
|        | Yes   | Other. Specify medical se  | rvices  |            |
|        |   |  |   |            |

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| DCDIO | Flair Gailo   |  | Case Harriber (II know)                      |            |  |  |  |  |  |
|-------|---|--|--|------------|--|--|--|--|--|
| 4.8   | Little Company of Mary Hospital   | Last 4 digits of account number                              | 0889,0138,                                   | \$3,682.00 |  |  |  |  |  |
|       | Nonpriority Creditor's Name  **Malcolm S. Gerald and  | When was the debt incurred?                                  | various dates                                |            |  |  |  |  |  |
|       | Associates, 332 South Michigan Avenue, Suite 60 Chicago, IL 60604 Number Street City State Zlp Code | As of the date you file, the claim i                         | s: Check all that apply                      |            |  |  |  |  |  |
|       | Who incurred the debt? Check one.   |  |  |            |  |  |  |  |  |
|       | ■ Debtor 1 only   |  |  |            |  |  |  |  |  |
|       | ☐ Debtor 2 only   | ☐ Unliquidated   |  |            |  |  |  |  |  |
|       | ☐ Debtor 1 and Debtor 2 only  |  |  |            |  |  |  |  |  |
|       | ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecured                                | d claim:                                     |            |  |  |  |  |  |
|       | ☐ Check if this claim is for a community  | ☐ Student loans  |  |            |  |  |  |  |  |
|       | debt Is the claim subject to offset?  | Obligations arising out of a separeport as priority claims   | ration agreement or divorce that you did not |            |  |  |  |  |  |
|       | ■ No  | Debts to pension or profit-sharin                            | g plans, and other similar debts             |            |  |  |  |  |  |
|       | Yes   | Other. Specify medical set                                   | rvices                                       |            |  |  |  |  |  |
| 4.9   | Pay Pal Nonpriority Creditor's Name   | Last 4 digits of account number                              |  | \$5,749.00 |  |  |  |  |  |
|       | 2211 N. First St.<br>San Jose, CA 95131   | When was the debt incurred?                                  | various dates                                |            |  |  |  |  |  |
|       | Number Street City State Zlp Code  Who incurred the debt? Check one.                                | As of the date you file, the claim i                         | s: Check all that apply                      |            |  |  |  |  |  |
|       | Debtor 1 only   | ☐ Contingent   |  |            |  |  |  |  |  |
|       | ☐ Debtor 2 only   |  |  |            |  |  |  |  |  |
|       | ☐ Debtor 1 and Debtor 2 only  | ☐ Unliquidated ☐ Disputed                                    |  |            |  |  |  |  |  |
|       | ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecured                                |  |            |  |  |  |  |  |
|       | ☐ Check if this claim is for a community  | ☐ Student loans  |  |            |  |  |  |  |  |
|       | debt Is the claim subject to offset?  | Obligations arising out of a separeport as priority claims   | ration agreement or divorce that you did not |            |  |  |  |  |  |
|       | ■ No  | Debts to pension or profit-sharin                            | g plans, and other similar debts             |            |  |  |  |  |  |
|       | Yes   | Other. Specify loan  |  |            |  |  |  |  |  |
| 4.1   | Radiology Imaging Specialists  Nonpriority Creditor's Name  | Last 4 digits of account number                              | 5445   | \$29.00    |  |  |  |  |  |
|       | 39645 Treasury Center<br>Chicago, IL 60694-9000   | When was the debt incurred?                                  | 2017   |            |  |  |  |  |  |
|       | Number Street City State Zlp Code   | As of the date you file, the claim i                         | s: Check all that apply                      |            |  |  |  |  |  |
|       | Who incurred the debt? Check one.   |  |  |            |  |  |  |  |  |
|       | ■ Debtor 1 only   | ☐ Contingent   |  |            |  |  |  |  |  |
|       | Debtor 2 only   | ☐ Unliquidated   |  |            |  |  |  |  |  |
|       | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed   |  |            |  |  |  |  |  |
|       | ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecured                                | d claim:                                     |            |  |  |  |  |  |
|       | ☐ Check if this claim is for a community  | ☐ Student loans  |  |            |  |  |  |  |  |
|       | debt Is the claim subject to offset?  | ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not |            |  |  |  |  |  |
|       | ■ No  | Debts to pension or profit-sharing                           |  |            |  |  |  |  |  |
|       | □Yes  | Other. Specify medical set                                   | Specify medical services                     |            |  |  |  |  |  |

Part 3: List Others to Be Notified About a Debt That You Already Listed

<sup>5.</sup> Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

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Debtor 1 Frank Cano

#### Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

|                    |      |   |     |    | Total Claim |
|--------------------|------|---|-----|----|-------------|
|                    | 6a.  | Domestic support obligations  | 6a. | \$ | 0.00        |
| Total claims       |      |   |     |    |             |
| from Part 1        | 6b.  | Taxes and certain other debts you owe the government                              | 6b. | \$ | 0.00        |
|                    | 6c.  | Claims for death or personal injury while you were intoxicated                    | 6c. | \$ | 0.00        |
|                    | 6d.  | Other. Add all other priority unsecured claims. Write that amount here.           | 6d. | \$ | 0.00        |
|                    | 6e.  | Total Priority. Add lines 6a through 6d.  | 6e. | \$ | 0.00        |
|                    | •    |   |     |    | Total Claim |
| Total              | 6f.  | Student loans   | 6f. | \$ | 0.00        |
| claims from Part 2 | 6g.  | Obligations arising out of a separation agreement or divorce that                 |     | •  | 0.00        |
|                    | C.L. | you did not report as priority claims   | 6g. | \$ |             |
|                    | 6h.  | Debts to pension or profit-sharing plans, and other similar debts                 | 6h. | \$ | 0.00        |
|                    | 6i.  | <b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here. | 6i. | \$ | 38,164.00   |
|                    | 6j.  | Total Nonpriority. Add lines 6f through 6i.                                       | 6j. | \$ | 38,164.00   |

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|   |                         | 1700.000          |             |  |
|---|-------------------------|-------------------|-------------|--|
| Fill in this infor                      | mation to identify your | case:             |             |  |
| Debtor 1                                | Frank Cano              |                   |             |  |
|   | First Name              | Middle Name       | Last Name   |  |
| Debtor 2                                |                         |                   |             |  |
| (Spouse if, filing)                     | First Name              | Middle Name       | Last Name   |  |
| United States Bankruptcy Court for the: |                         | NORTHERN DISTRICT | OF ILLINOIS |  |
| Case number                             |                         |                   |             |  |
| (if known)                              |                         |                   |             |  |

# Official Form 106G

# **Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

|     | Person or | company wit<br>Name, Numb | h whom you have the o | contract or lease | State what the contract or lease is for |
|-----|-----------|---------------------------|-----------------------|-------------------|---|
| 2.1 |           |                           |                       |                   |   |
|     | Name      |                           |                       |                   |   |
|     | Number    | Street                    |                       |                   |   |
|     | City      |                           | State                 | ZIP Code          |   |
| 2.2 |           |                           |                       |                   |   |
|     | Name      |                           |                       |                   |   |
|     | Number    | Street                    |                       |                   | _                                       |
|     | City      |                           | State                 | ZIP Code          |   |
| 2.3 |           |                           |                       |                   |   |
|     | Name      |                           |                       |                   | _                                       |
|     | Number    | Street                    |                       |                   |   |
|     | City      |                           | State                 | ZIP Code          | <del>_</del>                            |
| 2.4 |           |                           |                       |                   |   |
|     | Name      |                           |                       |                   | _                                       |
|     | Number    | Street                    |                       |                   | _                                       |
|     | City      |                           | State                 | ZIP Code          |   |
| 2.5 |           |                           |                       |                   |   |
|     | Name      |                           |                       |                   | _                                       |
|     | Number    | Street                    |                       |                   | _                                       |
|     | City      |                           | State                 | ZIP Code          |   |
|     | 2,        |                           |                       |                   |   |

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|   |   | Docume   | nt Page 25 d                                  | of 46   |                        |
|---|---|--|---|---|------------------------|
| Fill in this i  | nformation to identify your   | case:  |   |   |                        |
| Debtor 1  | Frank Cano  |  |   |   |                        |
| Debior 1  | First Name  | Middle Name  | Last Name                                     |   |                        |
| Debtor 2  |   |  |   |   |                        |
| (Spouse if, filing  | First Name  | Middle Name  | Last Name                                     |   |                        |
| United State  | es Bankruptcy Court for the:  | NORTHERN DISTRICT  | OF ILLINOIS                                   |   |                        |
| O   |   |  |   |   |                        |
| Case number<br>(if known)   | er  |  |   | ☐ Check if this is  | s an                   |
| ,   |   |  |   | amended filing  |                        |
| Codebtors a beople are fill it out, and four name a second 1. Do you No Yes | iling together, both are equ<br>d number the entries in the<br>and case number (if known)<br>ou have any codebtors? (If | re also liable for any deb<br>ally responsible for supp<br>boxes on the left. Attach<br>. Answer every question.<br>you are filing a joint case, o | operty state or territor                      | ry? (Community property states and territories incl   | nal Page,<br>es, write |
| ☐ Yes.  3. In Coluin line 2   | 2 again as a codebtor only i<br>06D), Schedule E/F (Official  | ors. Do not include your<br>f that person is a guaran  | spouse as a codebtor<br>tor or cosigner. Make | if your spouse is filing with you. List the persure you have listed the creditor on Schedule D, Schedule E/F, or Schedu | D (Official            |
|   | Column 1: Your codebtor   |  |   | Column 2: The creditor to whom you owe  | the debt               |
| Na  | ame, Number, Street, City, State and Z  | P Code   |   | Check all schedules that apply:   |                        |
| 3.1   |   |  |   | ☐ Schedule D, line  |                        |
|   | ame   |  |   | ☐ Schedule E/F, line  |                        |
|   |   |  |   | ☐ Schedule G, line  |                        |
| <del></del>   |   |  |   |   |                        |
|   | umber Street<br>ity   | State  | ZIP Code                                      |   |                        |
|   |   |  |   |   |                        |
| 3.2   |   |  |   | Schedule D, line  |                        |
| N   | ame   |  |   | Schedule E/F, line  |                        |
|   |   |  |   | ☐ Schedule G, line  |                        |
| N   | umber Street  |  |   | _   |                        |
|   | ity   | State  | ZIP Code                                      |   |                        |

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|                    | in this information to identify your   | case:  |   |                 |                             |  |                              |                 |
|--------------------|--|--|---|-----------------|-----------------------------|--|------------------------------|-----------------|
| Deb                | otor 1 Frank Cane  | )  |   |                 |                             |  |                              |                 |
|                    | otor 2   |  |   |                 |                             |  |                              |                 |
| Uni                | ted States Bankruptcy Court for th   | e: NORTHERN DISTRIC  | CT OF ILLINOIS                                      |                 |                             |  |                              |                 |
|                    | se number  |  | -   |                 | ☐ A sup                     | this is: nended filing uplement showin |                              |                 |
| 0                  | fficial Form 106I  |  |   |                 | MM /                        | DD/ YYYY                               | Ü                            |                 |
| S                  | chedule I: Your Inc  | ome  |   |                 |                             |  |                              | 12/15           |
| sup<br>spo<br>atta | as complete and accurate as posphyling correct information. If you use. If you are separated and you che a separate sheet to this form  The security of the se | u are married and not filli<br>our spouse is not filing wi<br>. On the top of any additi | ng jointly, and your ith you, do not inclu          | spouse is liv   | ing with you<br>on about yo | i, include informur spouse. If me      | nation about<br>ore space is | your<br>needed, |
| 1.                 | Fill in your employment  |  |   |                 |                             |  |                              |                 |
| ••                 | information.   |  | Debtor 1  |                 | De                          | btor 2 or non-fi                       | iling spouse                 |                 |
|                    | If you have more than one job, attach a separate page with information about additional  | Employment status  | <ul><li>■ Employed</li><li>□ Not employed</li></ul> |                 | _                           | Employed<br>Not employed               |                              |                 |
|                    | employers.  Include part-time, seasonal, or  | Occupation   | Asst. Transpor<br>Supervisor                        | tation          |                             |  |                              |                 |
|                    | self-employed work.  | Employer's name  | Golden State F                                      | oods            |                             |  |                              |                 |
|                    | Occupation may include student or homemaker, if it applies.  | Employer's address   | 8901 w, 47th st.<br>La Grange, IL 60525             |                 |                             |  |                              |                 |
|                    |  | How long employed the  | here? 13 yea  | rs              |                             |  |                              |                 |
| Par                | t 2: Give Details About Mo   | onthly Income  |   |                 |                             |  |                              |                 |
|                    | mate monthly income as of the use unless you are separated.  | date you file this form. If y  | you have nothing to ı                               | report for any  | line, write \$0             | in the space. In                       | clude your nor               | n-filing        |
|                    | u or your non-filing spouse have n<br>e space, attach a separate sheet t   |  | ombine the information                              | on for all empl | oyers for that              | person on the li                       | nes below. If y              | you need        |
|                    |  |  |   |                 | For Debtor                  |  | btor 2 or<br>ing spouse      |                 |
| 2.                 | List monthly gross wages, sal deductions). If not paid monthly   |  |   | 2. \$           | 4,14                        | <b>7.00</b> \$                         | N/A                          |                 |
|                    | Estimate and list monthly over   | rtime pay.   |   | 3. +\$          |                             | <b>).00</b> +\$                        | N/A                          |                 |
| 3.                 | Estimate and list monthly over   |  |   |                 |                             |  |                              |                 |

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| Deb | tor 1                 | Frank Cano  | -              | C         | ase n       | umber ( <i>if k</i> | nown)        |            |            |                     |  |
|-----|-----------------------|---|----------------|-----------|-------------|---------------------|--------------|------------|------------|---------------------|--|
|     |                       |   |                |           | For [       | Debtor 1            |              |            | or Debtor  |                     |  |
|     | Cor                   | by line 4 here  | 4.             |           | \$          | 4,14                | 7.00         |            | n-filing s | spouse<br>N/A       |  |
| _   |                       |   |                |           |             | -,                  |              | -          |            |                     | <u> </u>                                     |
| 5.  | List                  | all payroll deductions:   |                |           |             |                     |              |            |            |                     |  |
|     | 5a.                   | Tax, Medicare, and Social Security deductions   | 5a             |           | \$          |                     | 0.00         | \$_        |            | N/A                 | _  |
|     | 5b.                   | Mandatory contributions for retirement plans  | 5b             |           | \$          |                     | 8.00         | \$_        |            | N/A                 | _  |
|     | 5c.<br>5d.            | Voluntary contributions for retirement plans Required repayments of retirement fund loans   | 5c<br>5d       |           | \$          |                     | 6.33         | \$_<br>\$  |            | N/A                 | _  |
|     | 5e.                   | Insurance   | 5u             |           | \$<br>      |                     | 0.00<br>5.67 | . Ψ_<br>\$ |            | N/A<br>N/A          | _  |
|     | 5f.                   | Domestic support obligations  | 5f.            |           | \$<br>      |                     | 0.00         | \$         |            | N/A                 | _  |
|     | 5g.                   | Union dues  | 5g             |           | <u>\$</u> — |                     | 0.00         | \$         |            | N/A                 | _  |
|     | 5h.                   | Other deductions. Specify: Golden State Foundation for kids   | 5h             |           | \$          |                     | 4.33         | + \$       |            | N/A                 | <u> </u>                                     |
| 6.  | Add                   | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.  | 6.             | ;         | \$          | 1,56                | 4.33         | \$         |            | N/A                 | <u>.                                    </u> |
| 7.  | Cal                   | culate total monthly take-home pay. Subtract line 6 from line 4.  | 7.             | ;         | \$          | 2,58                | 2.67         | \$         |            | N/A                 | <u>.                                    </u> |
| 8.  | List<br>8a.           | all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.                       | 8a             | 1         | \$          |                     | 0.00         | \$         |            | N/A                 |  |
|     | 8b.                   | Interest and dividends  | 8b             |           | \$<br>—     |                     | 0.00         | ς<br>\$    |            | N/A                 | _  |
|     | 8c.                   | Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  | 8c             | <b>).</b> | \$          |                     | 0.00         | \$         |            | N/A                 | _  |
|     | 8d.                   | Unemployment compensation   | 8d             | i.        | \$          |                     | 0.00         | \$         |            | N/A                 | _  |
|     | 8e.                   | Social Security   | 8e             | €.        | \$          |                     | 0.00         | \$         |            | N/A                 | <u> </u>                                     |
|     | 8f.<br>8g.            | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: Pension or retirement income | e<br>8f.<br>8g |           | \$<br>\$    |                     | 0.00<br>0.00 | \$_<br>\$_ |            | N/A<br>N/A          | <u> </u>                                     |
|     | 8h.                   | Other monthly income. Specify:  | 8h             | 1.+       | \$          |                     | 0.00         | + \$_      |            | N/A                 | <u>.                                    </u> |
| 9.  | Add                   | all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.  | 9.             | \$        |             |                     | 0.00         | \$_        |            | N/                  | A  |
| 10. | Cal                   | culate monthly income. Add line 7 + line 9.   | 10.            | \$        | 2           | ,582.67             | + \$         |            | N/A        | = \$                | 2,582.67                                     |
|     |                       | the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.  |                |           |             | ,002.07             | ľ            |            | 14/74      |                     | 2,002.01                                     |
| 11. | Incli<br>othe<br>Do i | te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your er friends or relatives.  not include any amounts already included in lines 2-10 or amounts that are not cify:                            | depe           |           |             |                     |              | •          | Schedule   | e <i>J</i> .<br>+\$ | 0.00   |
| 12. |                       | If the amount in the last column of line 10 to the amount in line 11. The reside that amount on the Summary of Schedules and Statistical Summary of Certaillies   |                |           |             |                     |              |            |            | \$                  | 2,582.67                                     |
| 4.0 | _                     |   | _              |           |             |                     |              |            |            |                     | ly income                                    |
| 13. | Do                    | you expect an increase or decrease within the year after you file this form   | ?              |           |             |                     |              |            |            |                     |  |
|     |                       | No.   |                |           |             |                     |              |            |            |                     |  |
|     |                       | THE EXMISION I  |                |           |             |                     |              |            |            |                     |  |

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|            | in this informati               | tion to identify                      |               |  |  |             |                   |  |
|------------|---------------------------------|---------------------------------------|---------------|--|--|-------------|-------------------|--|
| FIII       | in this informat                | tion to identify yo                   | our case:     |  |  |             |                   |  |
| Deb        | tor 1                           | Frank Cano                            |               |  |  | Ch          | eck if this is:   |  |
| <u>.</u>   |                                 |                                       |               |  |  |             | An amended filing | •  |
|            | tor 2<br>ouse, if filing)       |                                       |               |  |  |             |                   | owing postpetition chapter of the following date:    |
| (Spt       | buse, ii iiiirig)               |                                       |               |  |  |             | 13 expenses as c  | or the following date.                               |
| Unit       | ed States Bankr                 | uptcy Court for the:                  | NORTH         | IERN DISTRICT OF ILLIN                                     | OIS                                      |             | MM / DD / YYYY    | <del></del>  |
| Cas        | e number                        |                                       |               |  |  |             |                   |  |
| (If kı     | nown)                           |                                       |               |  |  |             |                   |  |
| Oi         | fficial Fo                      | rm 106J                               |               |  |  |             |                   |  |
| So         | chedule                         | J: Your I                             | Exper         | nses   |  |             |                   | 12/15  |
| info       | ormation. If m                  |                                       | eded, atta    | If two married people ar<br>ch another sheet to this<br>n. |  |             |                   |  |
| Par        | t 1: Descri                     | ibe Your House                        | hold          |  |  |             |                   |  |
| 1.         | _                               |                                       |               |  |  |             |                   |  |
|            | No. Go to                       |                                       |               |  |  |             |                   |  |
|            | ☐ Yes. <b>Doe</b> s             | s Debtor 2 live i                     | n a separ     | ate household?   |  |             |                   |  |
|            |                                 |                                       |               |  |  |             |                   |  |
|            | □ Ye                            | es. Debtor 2 mus                      | t file Offici | al Form 106J-2, <i>Expenses</i>                            | for Separate House                       | ehold of De | ebtor 2.          |  |
| 2.         | Do you have                     | e dependents?                         | □ No          |  |  |             |                   |  |
|            | Do not list De                  | ebtor 1 and                           | Yes.          | Fill out this information for each dependent               | Dependent's relati<br>Debtor 1 or Debtor |             | Dependent's age   | Does dependent live with you?                        |
|            | Debter 2.                       |                                       |               | •  |  |             |                   | _  |
|            | Do not state                    |                                       |               |  | Con                                      |             | 4.40000           | □ No   |
|            | dependents i                    | names.                                |               |  | Son                                      |             | 4 years           | _ Yes  |
|            |                                 |                                       |               |  | Wife                                     |             | 20                | □ No   |
|            |                                 |                                       |               |  | vvire                                    |             | 30                | _ Yes  |
|            |                                 |                                       |               |  |  |             |                   | □ No   |
|            |                                 |                                       |               |  |  |             |                   | _ □ Yes<br>□ No                                      |
|            |                                 |                                       |               |  |  |             |                   | ☐ Yes  |
| 3.         | Do your exp                     | enses include                         | _             |  |  |             |                   | _ Lifes  |
| ٥.         |                                 | f people other th                     | าลท           | No   |  |             |                   |  |
|            | yourself and                    | d your depender                       | nts? ⊔        | Yes  |  |             |                   |  |
| Par        | t 2: Estima                     | ate Your Ongoir                       | na Month      | v Evnenses   |  |             |                   |  |
| Est<br>exp | imate your ex                   | penses as of yo                       | our bankr     | uptcy filing date unless y                                 |  |             |                   | napter 13 case to report of the form and fill in the |
|            |                                 |                                       |               | government assistance i                                    |  |             |                   |  |
|            | value of such<br>ficial Form 10 |                                       | d have ind    | cluded it on Schedule I: \                                 | our Income                               |             | Your ex           | penses   |
| •          |                                 | ,                                     |               |  |  |             |                   |  |
| 4.         |                                 | r home owners<br>and any rent for the |               | ses for your residence. In root.                           | nclude first mortgage                    | 4.          | \$                | 852.00   |
|            | If not includ                   | ed in line 4:                         |               |  |  |             |                   |  |
|            | 4a. Real e                      | state taxes                           |               |  |  | 4a.         | \$                | 0.00   |
|            |                                 | rty, homeowner's                      | s, or renter  | 's insurance   |  | 4b.         |                   | 0.00   |
|            | 4c. Home                        | maintenance, re                       | pair, and ι   | ıpkeep expenses  |  | 4c.         | \$                | 0.00   |
|            | 4d. Home                        | owner's associat                      | ion or con    | dominium dues  |  | 4d.         |                   | 0.00   |
| 5.         | Additional n                    | nortgage payme                        | ents for yo   | our residence, such as ho                                  | me equity loans                          | 5.          | \$                | 0.00   |

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| Frank Cano  | Case num   | per (if known)   |  |
|---|--|--|--|
| ies.  |  |  |  |
|   | 6a.  | \$   | 136.00   |
| · · · · · · · · · · · · · · · · · · ·   |  |  | 41.00  |
|   |  | ·  | 302.00   |
|   |  | ·  | 0.00   |
| · · ·   |  | · .  | 300.00   |
|   |  | ·  | 0.00   |
|   |  | ·  | 100.00   |
| e: • • • • • • • • • • • • • • • • • • •  |  | · -  |  |
| •   |  |  | 150.00   |
| •   | 11.  | Ф  | 160.00   |
|   | 12.  | \$   | 200.00   |
|   |  | ·  | 150.00   |
|   |  |  | 5.00   |
| -   | 14.  | Ψ  | 3.00   |
|   |  |  |  |
|   | 15a.   | \$   | 0.00   |
|   |  | ·  | 0.00   |
|   |  | ·  | 63.00  |
|   |  |  | 0.00   |
|   |  | Ψ  | 0.00   |
|   | 16.  | \$   | 0.00   |
| ·   |  |  | 0.00   |
|   | 17a.   | \$   | 0.00   |
| • •   |  | *  | 0.00   |
| 1 7   |  | ·  | 110.00   |
|   |  | ·  | 0.00   |
| • •   |  | Ψ  | 0.00   |
|   |  | \$   | 0.00   |
|   |  | \$   | 0.00   |
|   | 19.  |  |  |
| ·   | edule I: Yo  | ur Income.   |  |
| Mortgages on other property   |  |  | 0.00   |
| Real estate taxes   | 20b.   | \$   | 0.00   |
| Property, homeowner's, or renter's insurance  | 20c.   | \$   | 0.00   |
| · ·   | 20d.   | \$   | 0.00   |
|   |  |  | 0.00   |
|   |  | ·  | 0.00   |
|   |  |  | 0.00   |
| ulate your monthly expenses   |  |  |  |
| Add lines 4 through 21.   |  | \$   | 2,569.00   |
| Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2   |  | \$   |  |
| Add line 22a and 22b. The result is your monthly expenses.  |  | \$   | 2,569.00   |
|   |  | · -  |  |
| •   |  | _  | _  |
|   |  | ·  | 2,582.67   |
| Copy your monthly expenses from line 22c above.   | 23b.   | -\$  | 2,569.00   |
|   |  |  |  |
|   |  |  | 13.67  |
| Subtract your monthly expenses from your monthly income.  | 220  | 2  |  |
| Subtract your monthly expenses from your monthly income.  The result is your <i>monthly net income</i> .  | 23c.   | \$   | 10.07  |
| The result is your monthly net income.  |  |  | 10.07  |
| The result is your <i>monthly net income.</i> ou expect an increase or decrease in your expenses within the year after your   | ou file this   | form?  |  |
| The result is your <i>monthly net income</i> .  ou expect an increase or decrease in your expenses within the year after your expenses within the year after you expect to finish paying for your car loan within the year or do you expect you | ou file this   | form?  |  |
| The result is your <i>monthly net income.</i> ou expect an increase or decrease in your expenses within the year after your   | ou file this   | form?  |  |
|   | ies: Electricity, heat, natural gas Water, sewer, garbage collection Telephone, cell phone, Internet, satellite, and cable services Other. Specify: I and housekeeping supplies Icare and children's education costs Ising, laundry, and dry cleaning onal care products and services cal and dental expenses sportation. Include gas, maintenance, bus or train fare. Include car payments. Irtainment, clubs, recreation, newspapers, magazines, and books Itable contributions and religious donations ance. In include insurance deducted from your pay or included in lines 4 or 20. Life insurance Vehicle insurance Vehicle insurance. Specify: S. Do not include taxes deducted from your pay or included in lines 4 or 20. Iffy: Illment or lease payments: Car payments for Vehicle 1 Car payments for Vehicle 2 Other. Specify: payments of alimony, maintenance, and support that you did not report as cted from your pay on line 5, Schedule I, Your Income (Official Form 106I). Ir payments you make to support others who do not live with you. Iffy: Ir real property expenses not included in lines 4 or 5 of this form or on Sch Mortgages on other property Real estate taxes Property, homeowner's, or renter's insurance Maintenance, repair, and upkeep expenses Homeowner's association or condominium dues Ir: Specify: Lilate your monthly expenses Add lines 4 through 21. | Electricity, heat, natural gas Electricity, heat, natural gas Water, sewer, garbage collection Felephone, cell phone, Internet, satellite, and cable services Cother. Specify: Gd. I and housekeeping supplies For and children's education costs Fing, laundry, and dry cleaning For and care products and services For call and dental expenses For and children's education costs For and care products and services For call and dental expenses For and care products and services For and care products and services For and dental expenses For and care products and services For and dental expenses For and dental e | Electricity, heat, natural gas Electricity, heat, natural gas Water, sewer, garbage collection Telephone, cell phone, Internet, satellite, and cable services Other. Specify: Iand housekeeping supplies Telephone, cell phone, Internet, satellite, and cable services Other. Specify: Iand housekeeping supplies To state and children's education costs Bing, laundry, and dry cleaning Sonal care products and services In call and dental expenses In call and dental expenses Sportation. Include gas, maintenance, bus or train fare. In clude car payments. It include car payments. It include car payments. It include insurance deducted from your pay or included in lines 4 or 20. Life insurance It include insurance deducted from your pay or included in lines 4 or 20. Life insurance It insura |

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| Fill in this info   | rmation to identify your   | case:                      |                          |                             |                                  |
|---------------------|----------------------------|----------------------------|--------------------------|-----------------------------|----------------------------------|
| Debtor 1            | Frank Cano                 |                            |                          |                             |                                  |
|                     | First Name                 | Middle Name                | Last Name                |                             |                                  |
| Debtor 2            | First Name                 | Middle Nove                | Last Name                |                             |                                  |
| (Spouse if, filing) | First Name                 | Middle Name                | Last Name                |                             |                                  |
| United States B     | Bankruptcy Court for the:  | NORTHERN DISTRICT          | OF ILLINOIS              |                             |                                  |
| Case number         |                            |                            |                          |                             |                                  |
| (if known)          |                            |                            |                          |                             | ☐ Check if this is an            |
|                     |                            |                            |                          |                             | amended filing                   |
|                     |                            |                            |                          |                             |                                  |
|                     |                            |                            |                          |                             |                                  |
| Official For        | <u>m 106Dec</u>            |                            |                          |                             |                                  |
| Declara             | tion About a               | ın Individual              | Debtor's So              | chedules                    | 12/15                            |
|                     |                            |                            |                          |                             | .2.0                             |
| If two married p    | people are filing togethe  | r, both are equally respor | sible for supplying co   | rrect information.          |                                  |
|                     |                            |                            |                          |                             |                                  |
|                     |                            |                            |                          |                             | ent, concealing property, or     |
|                     | 18 U.S.C. §§ 152, 1341, 1  |                            | ruptcy case can result   | in fines up to \$250,000, o | or imprisonment for up to 20     |
| ,                   | 33 10-, 1011,              |                            |                          |                             |                                  |
|                     |                            |                            |                          |                             |                                  |
| Sig                 | gn Below                   |                            |                          |                             |                                  |
|                     |                            |                            |                          |                             |                                  |
| Did you p           | ay or agree to pay some    | one who is NOT an attor    | ney to help you fill out | bankruptcy forms?           |                                  |
|                     |                            |                            |                          |                             |                                  |
| ■ No                |                            |                            |                          |                             |                                  |
| ☐ Yes.              | Name of person             |                            |                          |                             | otcy Petition Preparer's Notice, |
|                     |                            |                            |                          | Declaration, ar             | nd Signature (Official Form 119) |
|                     |                            |                            |                          |                             |                                  |
| Under pen           | alty of perjury, I declare | that I have read the sum   | nary and schedules fil   | ed with this declaration a  | and                              |
| that they a         | re true and correct.       |                            | •                        |                             |                                  |
| Y Isl Er            | ank Cano                   |                            | X                        |                             |                                  |
|                     | ank Cano<br>( Cano         |                            | ASignature o             | of Debtor 2                 |                                  |
|                     | ure of Debtor 1            |                            | Oignature C              | , DODIOI Z                  |                                  |
| - 9                 |                            |                            |                          |                             |                                  |
| Date                | June 12, 2017              |                            | Date                     |                             |                                  |

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|                 |                      | ation to identify you                        | r case:   |   |   |   |
|-----------------|----------------------|--|---|---|---|---|
| Debt            | or 1                 | Frank Cano First Name                        | Middle Name   | Last Name   |   |   |
| Debt            | or 2                 |  |   |   |   |   |
| (Spou           | se if, filing)       | First Name                                   | Middle Name   | Last Name   |   |   |
| Unite           | ed States Ban        | kruptcy Court for the:                       | NORTHERN DISTRICT (   | OF ILLINOIS   |   |   |
| Case<br>(if kno | number               |  |   |   |   | Check if this is an mended filing                     |
| Sta             |                      | of Financial                                 | Affairs for Individ   |   | Sankruptcy equally responsible for sup                        | 4/16  |
|                 |                      | ore space is needed,<br>). Answer every ques |   | this form. On the top of an                           | y additional pages, write you                                 | ir name and case                                      |
| Part            | 1: Give D            | etails About Your Ma                         | rital Status and Where You  | Lived Before  |   |   |
| 1. \            | What is your         | current marital statu                        | s?  |   |   |   |
|                 | ■ Married □ Not marr | ied  |   |   |   |   |
| 2. I            | Ouring the la        | st 3 years, have you                         | lived anywhere other than   | where you live now?                                   |   |   |
| <br>            | ■ No<br>□ Yes. List  | all of the places you I                      | ived in the last 3 years. Do n  | ot include where you live nov                         | v.  |   |
|                 | Debtor 1 Pri         | or Address:                                  | Dates Debtor 1 lived there  | Debtor 2 Prior Ad                                     | Idress:   | Dates Debtor 2<br>lived there                         |
|                 |                      |  |   |   | nity property state or territory ico, Texas, Washington and W |   |
| ı               | No                   |  |   |   |   |   |
| ı               | ☐ Yes. Mal           | ke sure you fill out <i>Sch</i>              | nedule H: Your Codebtors (O   | fficial Form 106H).                                   |   |   |
| Part            | 2 Explain            | n the Sources of You                         | r Income  |   |   |   |
| · art           | Explair              | Time Courses or Tou                          | - moonic  |   |   |   |
| I               | Fill in the total    | amount of income yo                          | nployment or from operatir<br>u received from all jobs and a<br>have income that you receiv | all businesses, including part                        |   | ndar years?   |
|                 | □ No                 |  |   |   |   |   |
| ı               | Yes. Fill            | in the details.                              |   |   |   |   |
|                 |                      |  | Debtor 1  |   | Debtor 2  |   |
|                 |                      |  | Sources of income<br>Check all that apply.  | Gross income<br>(before deductions and<br>exclusions) | Sources of income<br>Check all that apply.                    | Gross income<br>(before deductions<br>and exclusions) |
|                 |                      | of current year until<br>I for bankruptcy:   | ■ Wages, commissions, bonuses, tips   | \$23,767.00   | ☐ Wages, commissions, bonuses, tips                           |   |
|                 |                      |  | ☐ Operating a business  |   | ☐ Operating a business  |   |

Official Form 107

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|     |                                    |   |  | Debtor 1  |   |  |  |   | Debtor 2   |   |   |  |
|-----|------------------------------------|---|--|---|---|--|--|---|--|---|---|--|
|     |                                    |   |  | Sources   | of income<br>that apply.  | (be  | oss income<br>fore deductions<br>clusions)   | s and   | Sources of inc<br>Check all that a   |   | Gross income<br>(before deductions<br>and exclusions) |  |
|     |                                    | ndar year:<br>December 3                                      | 31, 2016 )   | ■ Wages bonuses,  | , commissions,<br>tips  |  | \$45,51  | 0.00  | ☐ Wages, commissions, bonuses, tips  |   |   |  |
|     |                                    |   |  | ☐ Operat  | ing a business  |  |  |   | ☐ Operating a business   |   |   |  |
|     |                                    | dar year bef<br>December 3                                    |  | ■ Wages   | , commissions,  |  | \$51,33  | 9.00  | ☐ Wages, combonuses, tips  | missions,                                       |   |  |
|     |                                    |   |  | ☐ Operat  | ing a business  |  |  |   | ☐ Operating a business   |   |   |  |
|     | and other winnings.  List each  No | public benefi<br>If you are filir                             | it payments;  <br>ng a joint cas<br>ne gross inco  | pensions; re<br>e and you h   |   | est; di<br>ou red  | ividends; money<br>ceived together   | y collecte<br>, list it on  | ed from lawsuits;<br>lly once under De   | royalties; and<br>ebtor 1.                      | curity, unemployment,<br>gambling and lottery         |  |
|     |                                    |   |  | Debtor 1  |   |  |  |   | Debtor 2   |   |   |  |
|     |                                    |   |  | Sources of Describe b   |   | eac<br>(be   | oss income fro<br>ch source<br>fore deductions<br>clusions)  |   | Sources of inc<br>Describe below   |   | Gross income<br>(before deductions<br>and exclusions) |  |
| Par | t 3: Lis                           | t Certain Pay   | yments You   | Made Befo   | re You Filed for I  | Bankr  | uptcy  |   |  |   |   |  |
| 6.  | □ No.                              | Neither De individual p  During the S  No.  Yes  * Subject to | btor 1 nor D<br>rimarily for a<br>90 days befo<br>Go to line 7<br>List below e<br>paid that cre<br>not include<br>o adjustment<br>r Debtor 2 o<br>90 days befo<br>Go to line 7<br>List below e | ebtor 2 has<br>personal, fare you filed<br>ach credito<br>editor. Do no<br>payments to<br>on 4/01/19<br>r both have<br>re you filed | amily, or household for bankruptcy, did to whom you paid to include payment of an attorney for the and every 3 years or bankruptcy, did to whom you paid to whom you paid | d you day total day a total day a total day a total day ou day a total day ou day a total day | pay any credito<br>tal of \$6,425* or<br>domestic suppo<br>nkruptcy case.<br>that for cases f<br>debts.<br>pay any credito | r a total or more in ort obligatiled on our a total of ore and the oreas are or a total | of \$6,425* or mo one or more pay tions, such as ch or after the date of of \$600 or more? | re?  rments and the ild support an fadjustment. |   |  |
|     |                                    |   | include pay<br>attorney for  |   |   | oligatio   | ons, such as ch  | ild suppo   | ort and alimony. <i>i</i>  | Also, do not in                                 | clude payments to an                                  |  |
|     | Creditor                           | 's Name and   | Address  |   | Dates of payme  | nt   | Total amo  | ount<br>paid  | Amount you still owe   | Was this pa                                     | ayment for  |  |

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| De  | btor 1               | Frank Cano  | Document F  | Cas                                    | e number ( <i>if known</i> )                |                                 |   |
|-----|----------------------|---|---|--|---|---------------------------------|---|
|     |                      |   |   |  |   |                                 |   |
| 7.  | <i>Inside</i> of whi | n 1 year before you filed for bankruptors include your relatives; any general paich you are an officer, director, person in iness you operate as a sole proprietor. 1 ny. | artners; relatives of any gen-<br>control, or owner of 20% of | eral partners; partner of their voting | erships of which yo<br>g securities; and ar | u are a genera<br>ny managing a | I partner; corporations gent, including one for |
|     |                      | No<br>Yes. List all payments to an insider.   |   |  |   |                                 |   |
|     | Insid                | der's Name and Address  | Dates of payment  | Total amount paid                      | Amount you still owe                        | Reason for                      | this payment                                    |
| 8.  | inside<br>Includ     | n 1 year before you filed for bankruptoer? de payments on debts guaranteed or cos   |   | ments or transfer a                    | ny property on a                            | ccount of a de                  | bt that benefited an                            |
|     |                      | Yes. List all payments to an insider  |   |  |   |                                 |   |
|     |                      | der's Name and Address  | Dates of payment  | Total amount paid                      | Amount you still owe                        | Reason for Include credi        | this payment<br>tor's name                      |
| Pai | rt 4:                | Identify Legal Actions, Repossession  | ne and Foreclosures   |  |   |                                 |   |
| ı a |                      | identify Legal Actions, Repossession  | is, and i oreclosures   |  |   |                                 | <del></del>                                     |
| 9.  | List al              | n 1 year before you filed for bankrupted<br>Il such matters, including personal injury<br>ications, and contract disputes.  |   |  |   |                                 |   |
|     | _                    | No<br>Yes. Fill in the details.   |   |  |   |                                 |   |
|     |                      | e title<br>e number   | Nature of the case  | Court or agency                        |   | Status of the                   | e case  |
| 10. |                      | n 1 year before you filed for bankrupte<br>k all that apply and fill in the details below   |   | rty repossessed, f                     | oreclosed, garnis                           | hed, attached                   | , seized, or levied?                            |
|     | _                    | No. Go to line 11.<br>Yes. Fill in the information below.   |   |  |   |                                 |   |
|     | Cred                 | litor Name and Address  | Describe the Property  Explain what happened                  |  | Date  |                                 | Value of the property                           |
| 11. |                      | n 90 days before you filed for bankrup  | otcy, did any creditor, incl                                  |  | nancial institution                         | , set off any a                 | mounts from your                                |
|     |                      | unts or refuse to make a payment bec  | ause you owed a debt?   |  |   |                                 |   |
|     |                      | Yes. Fill in the details.<br>litor Name and Address   | Describe the action the                                       | creditor took                          | Date :                                      | action was                      | Amount  |
| 12. |                      | n 1 year before you filed for bankrupt<br>-appointed receiver, a custodian, or a  |   | rty in the possessi                    |   |                                 | fit of creditors, a                             |
|     | _                    | No<br>Yes   |   |  |   |                                 |   |
| Pa  | rt 5:                | List Certain Gifts and Contributions  |   |  |   |                                 |   |
| 13. | <b>I</b>             | n 2 years before you filed for bankrup  | otcy, did you give any gifts                                  | s with a total value                   | of more than \$60                           | 0 per person?                   |   |
|     |                      | Yes. Fill in the details for each gift.   |   |  |   |                                 |   |
|     | Gifts                | s with a total value of more than \$600   | Describe the gifts  |  | Dates                                       | s you gave                      | Value   |

per person

Address:

Person to Whom You Gave the Gift and

the gifts

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| 14. | Within 2 years before you filed for bank ■ No   |                         |   | s with a total | value of more than                               | n \$600 to any charity?      |
|-----|---|-------------------------|---|----------------|--|------------------------------|
|     | ☐ Yes. Fill in the details for each gift or  Gifts or contributions to charities that more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Co  | total                   | Describe what you contributed   |                | Dates you contributed                            | Value                        |
| Par | t 6: List Certain Losses  |                         |   |                |  |                              |
| 15. | Within 1 year before you filed for bankr or gambling?   | uptcy or                | since you filed for bankruptcy, did y                                       | ou lose anytl  | ning because of the                              | eft, fire, other disaster    |
|     | ■ No □ Yes. Fill in the details.  |                         |   |                |  |                              |
|     | Describe the property you lost and  | Describ                 | oe any insurance coverage for the lo  | oss            | Date of your                                     | Value of property            |
|     | how the loss occurred   |                         | the amount that insurance has paid. L ce claims on line 33 of Schedule A/B: |                | loss   | lost                         |
| Por | t 7: List Certain Payments or Transfe   |                         |   |                |  |                              |
|     | Include any attorneys, bankruptcy petition  No Yes. Fill in the details.  Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not James L. Ebersohl 11212 S. Harlem Worth, IL 60482 jeattorney@comcast.net |                         | Description and value of any propertransferred                              | ·              | Date payment or transfer was made  June 12, 2017 | Amount of payment \$1,200.00 |
| 17. | Within 1 year before you filed for bankr promised to help you deal with your cree Do not include any payment or transfer that the No  | editors or              | to make payments to your creditors  |                | r transfer any prop                              | erty to anyone who           |
|     | Yes. Fill in the details.   |                         |   |                |  |                              |
|     | Person Who Was Paid<br>Address  |                         | Description and value of any propertransferred                              | erty           | Date payment<br>or transfer was<br>made          | Amount of<br>payment         |
| 18. | Within 2 years before you filed for bank transferred in the ordinary course of you include both outright transfers and transfer include gifts and transfers that you have a No  Yes. Fill in the details.                                   | our busine<br>rs made a | ess or financial affairs?<br>as security (such as the granting of a se      |                |  |                              |
|     | Person Who Received Transfer Address  |                         | Description and value of property transferred                               |                | iny property or<br>received or debts             | Date transfer was made       |
|     | Person's relationship to you  |                         |   | paid III ext   | Jiange   |                              |

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Debtor 1 Frank Cano

| 19.   | beneficiary? (These are often called asset-protein No   |  | property to a sei         | r-settled trust or similar device o                     | f which you are a                             |  |  |  |
|---|---|--|---------------------------|---|---|--|--|--|
|   | ☐ Yes. Fill in the details.   |  |                           |   |   |  |  |  |
|   | Name of trust   | Description and val  | ue of the proper          | ty transferred  | Date Transfer was made                        |  |  |  |
| Par   | tt 8: List of Certain Financial Accounts, Instru  | uments, Safe Deposit B   | oxes, and Stora           | ge Units  |   |  |  |  |
| 20.   | Within 1 year before you filed for bankruptcy, sold, moved, or transferred? Include checking, savings, money market, or chouses, pension funds, cooperatives, associated No             | other financial accounts   | s; certificates of        |   |   |  |  |  |
|   | Yes. Fill in the details.   |  |                           |   |   |  |  |  |
|   |   | _  | Type of account nstrument | or Date account was closed, sold, moved, or transferred | Last balance<br>before closing or<br>transfer |  |  |  |
| 21.   | Do you now have, or did you have within 1 year cash, or other valuables?  | ar before you filed for ba   | ankruptcy, any s          | safe deposit box or other deposit                       | ory for securities,                           |  |  |  |
|   | ■ No □ Yes. Fill in the details.  |  |                           |   |   |  |  |  |
|   | Name of Financial Institution<br>Address (Number, Street, City, State and ZIP Code)   | Who else had acces<br>Address (Number, Stree<br>State and ZIP Code)            |                           | escribe the contents                                    | Do you still have it?                         |  |  |  |
| 22.   | Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?   |  |                           |   |   |  |  |  |
|   | ■ No □ Yes. Fill in the details.  |  |                           |   |   |  |  |  |
|   | Name of Storage Facility Address (Number, Street, City, State and ZIP Code)   | Who else has or had<br>to it?<br>Address (Number, Stree<br>State and ZIP Code) |                           | escribe the contents                                    | Do you still have it?                         |  |  |  |
| Par   | rt 9: Identify Property You Hold or Control fo  | r Someone Else   |                           |   |   |  |  |  |
| 23.   | Do you hold or control any property that some for someone.  | eone else owns? Include  | e any property y          | ou borrowed from, are storing fo                        | or, or hold in trust                          |  |  |  |
|   | ■ No □ Yes. Fill in the details.  |  |                           |   |   |  |  |  |
|   | Owner's Name<br>Address (Number, Street, City, State and ZIP Code)  | Where is the proper<br>(Number, Street, City, State<br>Code)                   |                           | escribe the property                                    | Value   |  |  |  |
| Par   | rt 10: Give Details About Environmental Inform  | nation   |                           |   |   |  |  |  |
| For   | the purpose of Part 10, the following definitions   | s apply:   |                           |   |   |  |  |  |
| Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including state regulations controlling the cleanup of these substances, wastes, or material. |   |  |                           |   |   |  |  |  |
|   | Site means any location, facility, or property a to own, operate, or utilize it, including disposa  |  | vironmental law,          | , whether you now own, operate,                         | or utilize it or used                         |  |  |  |
|   | Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term. |  |                           |   |   |  |  |  |

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

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Debtor 1 Frank Cano

| 24. | Has any governmental unit notified you that you   | ı may be liable or potentially liable                                      | under or in violation of an environme                  | ental law?         |  |  |  |
|-----|---|--|--|--------------------|--|--|--|
|     | ■ No □ Yes. Fill in the details.  |  |  |                    |  |  |  |
|     | Name of site<br>Address (Number, Street, City, State and ZIP Code)                          | Governmental unit Address (Number, Street, City, State and ZIP Code)       | Environmental law, if you know it                      | Date of notice     |  |  |  |
| 25. | Have you notified any governmental unit of any  | release of hazardous material?   |  |                    |  |  |  |
|     | ■ No □ Yes. Fill in the details.  |  |  |                    |  |  |  |
|     | Name of site<br>Address (Number, Street, City, State and ZIP Code)                          | Governmental unit<br>Address (Number, Street, City, State and<br>ZIP Code) | Environmental law, if you know it                      | Date of notice     |  |  |  |
| 26. | Have you been a party in any judicial or adminis  | strative proceeding under any envir  | onmental law? Include settlements a                    | and orders.        |  |  |  |
|     | ■ No □ Yes. Fill in the details.  |  |  |                    |  |  |  |
|     | Case Title<br>Case Number   | Court or agency Name Address (Number, Street, City, State and ZIP Code)    | Nature of the case                                     | Status of the case |  |  |  |
| Par | 11: Give Details About Your Business or Con   | nections to Any Business   |  |                    |  |  |  |
| 27. | Within 4 years before you filed for bankruptcy, o   | did you own a business or have an  | y of the following connections to any                  | / business?        |  |  |  |
|     | ☐ A sole proprietor or self-employed in a t   | rade, profession, or other activity,                                       | either full-time or part-time                          |                    |  |  |  |
|     | ☐ A member of a limited liability company (LLC) or limited liability partnership (LLP)      |  |  |                    |  |  |  |
|     | ☐ A partner in a partnership  |  |  |                    |  |  |  |
|     | ☐ An officer, director, or managing executive of a corporation                              |  |  |                    |  |  |  |
|     | ☐ An owner of at least 5% of the voting or  | equity securities of a corporation   |  |                    |  |  |  |
|     | ■ No. None of the above applies. Go to Part   | 12.  |  |                    |  |  |  |
|     | ☐ Yes. Check all that apply above and fill in the   | ne details below for each business   |  |                    |  |  |  |
|     |   | scribe the nature of the business  | Employer Identification number                         |                    |  |  |  |
|     | Address<br>(Number, Street, City, State and ZIP Code)                                       | me of accountant or bookkeeper   | Do not include Social Security  Dates business existed | number or IIIN.    |  |  |  |
| 28. | Within 2 years before you filed for bankruptcy, cinstitutions, creditors, or other parties. | did you give a financial statement to                                      | o anyone about your business? Inclu                    | ude all financial  |  |  |  |
|     | ■ No □ Yes. Fill in the details below.  |  |  |                    |  |  |  |
|     | Name Address (Number, Street, City, State and ZIP Code)                                     |  |  |                    |  |  |  |
|     |   |  |  |                    |  |  |  |

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Debtor 1 Frank Cano Part 12: Sign Below I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Frank Cano Signature of Debtor 2 Frank Cano Signature of Debtor 1 Date June 12, 2017 **Date** Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)? ■ No ☐ Yes Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms? ■ No

☐ Yes. Name of Person \_\_\_\_\_. Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

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| Fill in this infor             | mation to identify your                         | case:                |   |   |
|--------------------------------|---|----------------------|---|---|
| Debtor 1                       | Frank Cano                                      |                      |   |   |
|                                | First Name                                      | Middle Name          | Last Name   |   |
| Debtor 2                       |   |                      |   |   |
| (Spouse if, filing)            | First Name                                      | Middle Name          | Last Name   |   |
| United States Ba               | ankruptcy Court for the:                        | NORTHERN DIS         | TRICT OF ILLINOIS   |   |
| 0                              |   |                      |   |   |
| Case number _                  |   |                      |   | ☐ Check if this is an                               |
|                                |   |                      |   | amended filing                                      |
|                                |   |                      | viduals Filing Under Cl   | napter 7 12/15                                      |
|                                | e claims secured by yo                          |                      | rout this form in.  |   |
| _                              |   |                      | at avmired  |   |
| You must file thi              | ever is earlier, unless th                      | ithin 30 days after  | ot expired.<br>you file your bankruptcy petition or by th<br>e time for cause. You must also send cop |   |
|                                | eople are filing togethened at the form.        | in a joint case, bo  | th are equally responsible for supplying o  | correct information. Both debtors must              |
|                                | and accurate as possib<br>our name and case nur |                      | s needed, attach a separate sheet to this f   | orm. On the top of any additional pages,            |
| Part 1: List Y                 | our Creditors Who Hav                           | e Secured Claims     |   |   |
| 1 For any credit               | ore that you listed in P                        | art 1 of Schedule D  | : Creditors Who Have Claims Secured by  | Property (Official Form 106D) fill in the           |
| information be                 | •   | int i oi ochedale b  | . Orealtors who have olaims becared by  | Troperty (Omeian om 1005), in in the                |
| Identify the cr                | editor and the property t                       | nat is collateral    | What do you intend to do with the prop secures a debt?  | Did you claim the property as exempt on Schedule C? |
|                                |   |                      |   |   |
| Creditor's V                   | Vells Fargo                                     |                      | ☐ Surrender the property.   | □ No  |
| name:                          |   |                      | ☐ Retain the property and redeem it.  |   |
| Description of                 | 2224 Vrugger Ct 0                               | 400                  | Retain the property and enter into a  | ■ Yes   |
|                                | 2321 Krueger St. 8<br>Stagecoach Cir. B         |                      | Reaffirmation Agreement.  |   |
| property<br>securing debt:     | 60406 Cook Coun                                 |                      | ☐ Retain the property and [explain]:  |   |
| securing debt.                 | •   | •                    |   |   |
| Part 2: List Y                 | our Unexpired Persona                           | I Property Leases    |   |   |
| For any unexpire               | ed personal property le                         | ase that you listed  | in Schedule G: Executory Contracts and  | Unexpired Leases (Official Form 106G), fill         |
|                                |   |                      |   | effect; the lease period has not yet ended.         |
| You may assume                 | e an unexpired persona                          | ii property lease if | the trustee does not assume it. 11 U.S.C.   | § 365(p)(2).  |
| Describe your u                | unexpired personal pro                          | perty leases         |   | Will the lease be assumed?                          |
|                                |   |                      |   |   |
| Lessor's name:                 |   |                      |   | □ No  |
| Description of lease Property: | as∉u  |                      |   | ☐ Yes   |
| 1 . 7                          |   |                      |   | <b>□</b> 165  |
| Lessor's name:                 |   |                      |   | □ No  |
| Description of lea             | ased  |                      |   |   |
| Property:                      |   |                      |   | ☐ Yes   |
| Lessor's name:                 |   |                      |   | П Мо  |

Statement of Intention for Individuals Filing Under Chapter 7

Official Form 108

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| De       | btor 1                            | Frank Cano                                       | Case number (if known)  |                               |
|----------|-----------------------------------|--|---|-------------------------------|
|          | scription                         | n of leased                                      |   | ☐ Yes                         |
| De       | ssor's na<br>scription<br>operty: | ame:<br>n of leased                              |   | □ No □ Yes                    |
| De       | ssor's na<br>scription<br>operty: | ame:<br>n of leased                              |   | □ No □ Yes                    |
| De       | ssor's na<br>scription<br>perty:  | ame:<br>n of leased                              |   | □ No □ Yes                    |
| De       | ssor's na<br>scription<br>operty: | ame:<br>n of leased                              |   | □ No □ Yes                    |
| Unc      | ler pen                           |  | ve indicated my intention about any property of my estate that se | cures a debt and any personal |
| pro<br>X | /s/ F                             | nat is subject to an unexpired lear<br>rank Cano | X Signature of Debtor 2   |                               |
|          |                                   | k Cano<br>Iture of Debtor 1                      | Signature of Deptor 2   |                               |
|          | Date                              | June 12, 2017                                    | Date  |                               |

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

### This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

# The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation        |
|------------|--------------------|
| \$245      | filing fee         |
| \$75       | administrative fee |
| + \$15     | trustee surcharge  |
| \$335      | total fee          |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

### **Chapter 11: Reorganization**

\$1,167 filing fee

+ \$550 administrative fee \$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

# Chapter 12: Repayment plan for family farmers or fishermen

|   | \$200 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$275 | total fee          |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

|   | \$235 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$310 | total fee          |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: <a href="http://www.uscourts.gov/bkforms/bankruptcy\_forms.html">http://www.uscourts.gov/bkforms/bankruptcy\_forms.html</a>#procedure.

#### Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

# Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: <a href="http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html">http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html</a>

In Alabama and North Carolina, go to: <a href="http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit">http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit</a> AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 17-17899 Doc 1 Filed 06/12/17 Entered 06/12/17 20:12:20 Desc Main Document Page 44 of 46

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# **United States Bankruptcy Court**Northern District of Illinois

| In re       | Frank Cano   |  | Case No.  |                            |           |  |
|-------------|--|--|---|----------------------------|-----------|--|
|             |  | Debtor(s)  | Chapter   | 7                          |           |  |
|             | DISCLOSURE OF COMPENS.   | ATION OF ATTO  | RNEY FOR DE   | BTOR(S)                    |           |  |
| C           | ursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), compensation paid to me within one year before the filing of e rendered on behalf of the debtor(s) in contemplation of or  | f the petition in bankruptcy   | , or agreed to be paid  | to me, for services render | red or to |  |
|             | For legal services, I have agreed to accept  |  | \$  | 1,535.00                   |           |  |
|             | Prior to the filing of this statement I have received  |  | \$  | 1,200.00                   |           |  |
|             | Balance Due  |  | \$  | 335.00                     |           |  |
| 2. T        | he source of the compensation paid to me was:  |  |   |                            |           |  |
|             | ■ Debtor □ Other (specify):  |  |   |                            |           |  |
| 3. T        | he source of compensation to be paid to me is:   |  |   |                            |           |  |
|             | ■ Debtor □ Other (specify):  |  |   |                            |           |  |
| 4. <b>I</b> | I have not agreed to share the above-disclosed compensations.  | ation with any other person  | unless they are mem   | pers and associates of my  | law firm. |  |
| [           | ☐ I have agreed to share the above-disclosed compensation copy of the agreement, together with a list of the names   |  |   |                            | irm. A    |  |
| 5. I        | In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:  |  |   |                            |           |  |
| b<br>c.     | Analysis of the debtor's financial situation, and rendering Preparation and filing of any petition, schedules, stateme Representation of the debtor at the meeting of creditors a [Other provisions as needed] Negotiations with secured creditors to redureaffirmation agreements and applications 522(f)(2)(A) for avoidance of liens on house | nt of affairs and plan which<br>and confirmation hearing, a<br>ace to market value; ex<br>as needed; preparatior | n may be required;<br>nd any adjourned hea<br>emption planning; | ings thereof;              | g of      |  |
| 6. B        | by agreement with the debtor(s), the above-disclosed fee do Representation of the debtors in any discharged any other adversary proceeding.  |  |   | es, relief from stay ac    | tions or  |  |
|             | C  | CERTIFICATION  |   |                            |           |  |
|             | certify that the foregoing is a complete statement of any ag inkruptcy proceeding.   | reement or arrangement for   | r payment to me for re  | presentation of the debto  | r(s) in   |  |
| Ju          | ne 12, 2017  | /s/ James L Eber   | sohl  |                            |           |  |
| Da          | ·  | James L Ebersol  |   |                            |           |  |
|             |  | Signature of Attorna James L. Eberso   | •   |                            |           |  |
|             |  | 11212 S. Harlem  |   |                            |           |  |
|             |  | Worth, IL 60482<br>708-448-7063 Fa   | ax: 708-448-9324  |                            |           |  |
|             |  | jeattorney@com   |   |                            | _         |  |
|             |  | Name of law firm   |   |                            |           |  |

## **United States Bankruptcy Court** Northern District of Illinois

| In re | Frank Cano                                 |   | Case No.                         |               |
|-------|--|---|----------------------------------|---------------|
|       |  | Debtor(s)                                     | Chapter 7                        |               |
|       | VE   | RIFICATION OF CREDITOR N                      | MATRIX                           |               |
|       |  | Number o                                      | f Creditors:                     | 10            |
|       | The above-named Debtor(s) (our) knowledge. | hereby verifies that the list of cred         | itors is true and correct to the | he best of my |
| Date: | June 12, 2017                              | /s/ Frank Cano Frank Cano Signature of Debtor |                                  |               |

ATG Credit P>O> Box14895 Chicago, IL 60614

cardiovascular consultant 2800 W. 87th St. Chicago, IL 60652-3831

Citicards Cbna Citicorp Credit Svc/Centralized Po Box 790040 Saint Louis, MO 63179

Evergreen Anesthesia & Pain Mgmt Se P>O> Box 631

Illinois Department of Human Servic 100 South Grand Avenue East Springfield, IL 62762

Little Company of Mary Affiliated 2800 w. 87th St. Chicago, IL 60652-3831

Little Company of Mary Hospital %Malcolm S. Gerald and Associates, 332 South Michigan Avenue, Suite 60 Chicago, IL 60604

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Radiology Imaging Specialists 39645 Treasury Center Chicago, IL 60694-9000

Wells Fargo 8480 Frederick, MD 21701